OFFICE OF THE PERRY TOWNSHIP TRUSTEE

4925 Shelby Street, Suite 400
Indianapolis, Indiana 46227

Patty Hagenmaier
Perry Township Trustee

Office (317) 788-4815
Fax (317) 788-4820

Tammy Springman
Chief Deputy Trustee

Application for Perry Township Assistance Cover Sheet

Please review each attached document thoroughly to help better assist you during our application process.

We will schedule your intake appointment once a complete application is received, the Case Investigators have a full business day to call to schedule once an application is received.

We cannot review any of your required documents prior to your intake appointment as all adult household members must be present and sign disclosures. Please bring all the required documents to your appointment. If you do not bring them, you may be rescheduled.

Ways To submit your application:

1. Email your completed application to contact@perrytownship-in.gov, Please only send the 7 numbered pages of the application.
2. Fax only your completed application to 317-788-4820.
3. Drop your completed application off at our office during business hours.

Note: We cannot schedule an intake appointment if a completed application is not received.

Once your intake appointment is completed, the trustees have 3 business days to render a decision. Decisions will be emailed out to the email provided, if there is no valid email provided, decisions will be mailed out to the address listed on the application.

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PLEASE BRING ALL OF THE FOLLOWING DOCUMENTS TO YOUR APPOINTMENT.

FAILURE TO PROVIDE REQUIRED DOCUMENTATION MAY RESULT IN DELAYS OR DENIAL OF ASSISTANCE.

IF YOU ARE UNABLE TO PRINT YOUR REQUIRED DOCUMENTS PRIOR TO YOUR APPOINTMENT, PLEASE EMAIL THEM TO contact@perrytownship-in.gov ONE HOUR BEFORE YOUR SCHEDULED APPOINTMENT.

1. Photo ID for all adults (18 and over) in the household. IDs must show the *current address*.
   All adults must be present for the interview and sign all application forms.
2. Birth certificates for all children in the household.
   If applicable, provide child support documentation for each child—even if child support is not currently being received.
3. Social Security cards OR permanent residency documents for every household member, including:
   - Permanent Residency Green Card
   - I94 Arrival/Departure Record
4. Housing documentation, including:
   - Current lease or mortgage statement
   - Current rent ledger
   - Most recent utility bills

   All of the above must be in the applicant's name to qualify for assistance.
5. Proof of income for the past 30 days for all household members, including but not limited to:
   - Employment income
   - Child support (court-ordered or informal)
   - TANF, Unemployment, Social Security, Disability, Pensions, IRAs
   - Tax refunds, cash gifts, payments from odd jobs, support from family/friends

   If you are medically unable to work, a current doctor's statement is required.
6. Proof of all bills paid and unpaid in the last 30 days, including:
   - Credit cards, loans, court fees, furniture payments, medical bills, etc.

   All financial obligations must be documented.

CONTINUED ON NEXT PAGE

7. Complete bank and financial statements for *all household members, starting from 30 days prior to the month of your emergency circumstance, and up until the date of your appointment*.
   This includes ALL accounts where money is RECIEVED or SPENT, including but not limited to:
   - Traditional banks, Chime, Cash App, Google Pay, Apple Pay, etc.
   - Checking, savings, and credit-building accounts
8. All applicable award letters and legal documents, including:
   - SNAP/Food Stamps, TANF, Disability claims
   - Section 8/IHA, bankruptcy filings, utility allotments
   - Divorce, custody, or court orders
   - Doctor's statements, if applicable

Important:

If you are unable to print your required documents prior to your appointment, please email them to contact@perrytownship-in.gov one hour before your scheduled appointment.

Failing to provide the necessary documents—either by email or in physical form at the time of your interview—will result in your appointment being rescheduled.

If you are more than 15 minutes late without prior notice, all adults are not present, you fail to bring a necessary interpreter, or you fail to bring the required documentation, your appointment will be rescheduled.

This office operates under the Township Assistance Eligibility Standards for Perry Township in addition to State & Federal laws.

Scheduled Intake Appointments Only, No walk-in appointments. However, you can walk in for an application and more information.

MULTI-SERVICE CENTERS

Assistance with rent and utilities

Local Area Resource Database
https://www.findhelp.org/

Catholic Social Services
1400 N. Meridian St.
317-236-1512
www.archindy.org

Community Action of Greater Indpls
3266 N. Meridian
317-396-1800
www.cagi-in.org

Concord Center
1310 S. Meridian St.
317-637-4376
www.concordindy.org

Indianapolis Housing Agency (Sec. 8)
1935 N. Meridian St.
317-261-7200
www.indyhousing.org

IndyEAP
John Boner Center
2236 E. 10th St.
317-559-7016
www.indyEAP.org

Salvation Army
1337 Shelby St.
317-637-5551
www.salvationarmy.org

Southeast Community Center
901 Shelby St.
317-236-7400
www.southheastindy.org

St. Vincent de Paul
3001 E. 30th St.
317-924-5769
www.svdpindy.org

GOVERNMENT

Indianapolis Legal Aid
615 Alabama St.
317-635-9538
www.indylas.org

Family Resource Center FSSA
Food Stamps/Medicaid
3834 Madison Ave.
800-403-0864
www.in.gov/fssa

Prosecutor's Office
251 E. Ohio St.
317-327-3522
www.indy.gov

Social Security Office
575 N. Pennsylvania St
866-592-2812
www.indy.gov

WIC (Women Infant Center)
7551 Shelby St.
317-221-5795
www.indy.gov

Workforce Development
10 N. Senate Ave.
317-232-6702
www.indy.gov

FOOD PANTRIES

Beech Grove Pop Up Pantry
245 Hornet Park Ave.
317-788-4986
hornetparkcommunitycenter.com

Gleaners
Home Delivery
317-742-9111
www.gleaners.org

Indy Hunger Network
3737 Waldemere Ave.
317-925-0191
www.indyhunger.org

Perry Township Academic
2115 Southport Rd
317-789-3700
www.perryschools.org

Servants Heart
5602 Elmwood Ave.
317-788-9433
www.servantsheartofindy.org

St. Vincent de Paul
3001 E. 30th St.
317-924-5769
www.svdpindy.org

Christ United Methodist
8540 US 31 S

Faith United Church of Christ
4040 E Thompson Rd

Southport Heights
7154 McFarland Rd

SHELTERS

Dayspring Center
(Homeless families)
1537 Central Ave.
317-635-6780

Horizon House
1033 E Washington St
317-423-8909

Wheeler Mission (Men)
205 E. New York St.
317-635-3575

Wheeler Mission (Women)
3208 E. Michigan St.
317-687-3630

Julian Center (abuse)
2011 Meridian St.
317-941-2200

MUST COMPLETE ALL SECTIONS

Prescribed by State Board of Accounts
Township Form TA-1 (Revised 2023)

APPLICATION FOR TOWNSHIP ASSISTANCE

APPLICANT'S INFORMATION **DATE:** **TIME:** **CASE #**

Last First MI SSN DOB

Phone #_____ Email Address _____

Current Address: Street/P.O. Box Apt # City, State Zip Move in date

Previous Address: Street/P.O. Box Apt # City, State Zip Move out date

Total adults in household _____ Total children under age of 18 in household _____ Do you: ❒ rent ❒ own ❒ homeless

Applicant's other names (maiden, alias): _____

WHAT IS YOUR REASON FOR SEEKING ASSISTANCE? ❒No Income ❒Not enough income ❒Income stolen ❒Emergency situation
Is every adult in the household willing to work for the township and actively seeking employment as a condition of receiving township assistance? ❒ Yes ❒ No If No why,_____

Additional Information for Trustee to consider:

HOUSEHOLD AND FINANCIAL INFO

Monthly payment $_____ Phone # for complex/landlord/mortgage company _____
Name of apartment complex/landlord or mortgage company _____
Address of complex/landlord or mortgage company _____
Is anyone in the household related to the landlord or mortgage holder? ❒ Yes ❒ No Relationship _____
Are utilities included? ❒ Yes ❒ No If yes, please list: _____
Are you receiving Section 8, HUD or other public housing? ❒ Yes ❒ No Are you receiving utility allotment? ❒ Yes ❒ No

LIST ALL CHILDREN UNDER AGE OF 18 LIVING IN THE HOUSEHOLD

Name_____ DOB _____ SSN_____ U.S. Citizen? ❒*Yes* ❒*No* Income ❒*TANF* ❒*SSI* $_____	Name_____ DOB _____ SSN_____ U.S. Citizen? ❒*Yes* ❒*No* Income ❒*TANF* ❒*SSI* $_____	Name_____ DOB _____ SSN_____ U.S. Citizen? ❒*Yes* ❒*No* Income ❒*TANF* ❒*SSI* $_____
Name_____ DOB _____ SSN_____ U.S. Citizen? ❒*Yes* ❒*No* Income ❒*TANF* ❒*SSI* $_____	Name_____ DOB _____ SSN_____ U.S. Citizen? ❒*Yes* ❒*No* Income ❒*TANF* ❒*SSI* $_____	Name_____ DOB _____ SSN_____ U.S. Citizen? ❒*Yes* ❒*No* Income ❒*TANF* ❒*SSI* $_____

MOTOR VEHICLES USED BY/REGISTERED TO ANY PERSON IN THE HOUSEHOLD

Type *(car/truck/boat/motorcycle/scooter)*	**Year**	**Make**	**Model**	**Monthly Payment**
				$
				$
				$

LIST ALL ADULTS LIVING IN THE HOUSEHOLD

Self	**Adult 1**	**Adult 2**	**Adult 3**
____________ Name	____________ Name	____________ Name	____________ Name
	DOB____________	DOB____________	DOB____________
	SSN____________	SSN____________	SSN____________
U.S. Citizen ❐ *Yes* ❐ *No*	U.S. Citizen ❐ *Yes* ❐ *No* Relationship to Applicant: ❐ *Spouse/Partner* ❐ *Relative* ❐ *Roommate*	U.S. Citizen ❐ *Yes* ❐ *No* Relationship to Applicant: ❐ *Spouse/Partner* ❐ *Relative* ❐ *Roommate*	U.S. Citizen ❐ *Yes* ❐ *No* Relationship to Applicant: ❐ *Spouse/Partner* ❐ *Relative* ❐ *Roommate*
Marital status ❐ *Single* ❐ *Married* ❐ *Widow* ❐ *Divorced* ❐ *Separated*	**Marital status** ❐ *Single* ❐ *Married* ❐ *Widow* ❐ *Divorced* ❐ *Separated*	**Marital status** ❐ *Single* ❐ *Married* ❐ *Widow* ❐ *Divorced* ❐ *Separated*	**Marital status** ❐ *Single* ❐ *Married* ❐ *Widow* ❐ *Divorced* ❐ *Separated*
Monthly Income Gross $________Net $_____ **Income Source** ❐ *None* ❐ *Disability* ❐ *Wages* ❐ *Pension* ❐ *Social security* ❐ *TANF* ❐ *Unemployment* ❐ *Gifts* ❐ *VA benefits* ❐ *Support* ❐ *Insurance* ❐ ____________	**Monthly Income** Gross $________Net $_____ **Income Source** ❐ *None* ❐ *Disability* ❐ *Wages* ❐ *Pension* ❐ *Social security* ❐ *TANF* ❐ *Unemployment* ❐ *Gifts* ❐ *VA benefits* ❐ *Support* ❐ *Insurance* ❐ ____________	**Monthly Income** Gross $________Net $_____ **Income Source** ❐ *None* ❐ *Disability* ❐ *Wages* ❐ *Pension* ❐ *Social security* ❐ *TANF* ❐ *Unemployment* ❐ *Gifts* ❐ *VA benefits* ❐ *Support* ❐ *Insurance* ❐ ____________	**Monthly Income** Gross $________Net $_____ **Income Source** ❐ *None* ❐ *Disability* ❐ *Wages* ❐ *Pension* ❐ *Social security* ❐ *TANF* ❐ *Unemployment* ❐ *Gifts* ❐ *VA benefits* ❐ *Support* ❐ *Insurance* ❐ ____________
Current Employment ____________ *Start Date*____________ **Previous Employment** ____________ *How Long*____________ *Reason for leaving?* ❐ *Laid off* ❐ *Never worked* ❐ *Quit* ❐ *Fired* ❐ *Medical* ❐ *On Strike* ❐ *Retired* ❐ *Trying to find work*	**Current Employment** ____________ *Start Date*____________ **Previous Employment** ____________ *How Long*____________ *Reason for leaving?* ❐ *Laid off* ❐ *Never worked* ❐ *Quit* ❐ *Fired* ❐ *Medical* ❐ *On Strike* ❐ *Retired* ❐ *Trying to find work*	**Current Employment** ____________ *Start Date*____________ **Previous Employment** ____________ *How Long*____________ *Reason for leaving?* ❐ *Laid off* ❐ *Never worked* ❐ *Quit* ❐ *Fired* ❐ *Medical* ❐ *On Strike* ❐ *Retired* ❐ *Trying to find work*	**Current Employment** ____________ *Start Date*____________ **Previous Employment** ____________ *How Long*____________ *Reason for leaving?* ❐ *Laid off* ❐ *Never worked* ❐ *Quit* ❐ *Fired* ❐ *Medical* ❐ *On Strike* ❐ *Retired* ❐ *Trying to find work*
Child Support ❐ Yes ❐ No Willing to seek support? ❐ Yes ❐ No Parent(s) that provide/should provide support: ____________ County/State:____________	**Child Support** ❐ Yes ❐ No Willing to seek support? ❐ Yes ❐ No Parent(s) that provide/should provide support: ____________ County/State:____________	**Child Support** ❐ Yes ❐ No Willing to seek support? ❐ Yes ❐ No Parent(s) that provide/should provide support: ____________ County/State:____________	**Child Support** ❐ Yes ❐ No Willing to seek support? ❐ Yes ❐ No Parent(s) that provide/should provide support: ____________ County/State:____________

Household debt *List each household member and associated debt:*
❐Credit Card______________
❐Student Loan____________
❐Rent to Own____________
❐Medical_______________
❐Payday Loan____________

Has anyone served in the military? *If yes, what branch and MOS?*

Outstanding claims *Lawsuits against a person, insurance company, employer or government agency from which you expect to receive money.*
1.____________________
2.____________________
3.____________________

Insurance *Check all that apply and household member:*
❐Home____________________
❐Whole____________________
❐Life____________________
❐Renter____________________
❐Car____________________
❐Term____________________
❐Health____________________

EXPENSE INFORMATION *List any payments made by any household member in the last **30 days** not listed on bank statement:*

Amount	Paid To	Date	Amount	Paid To	Date
$			$		
$			$		

	Self	Adult 1	Adult 2	Adult 3
Investment holdings: *Stocks, Bonds, CDs, IRAs, 401k*	❒Yes ❒No $_____	❒Yes ❒No $_____	❒Yes ❒No $_____	❒Yes ❒No $_____
Property or assets	❒Yes ❒No	❒Yes ❒No	❒Yes ❒No	❒Yes ❒No
Cash: *List amount*	❒Yes ❒No $_____	❒Yes ❒No $_____	❒Yes ❒No $_____	❒Yes ❒No $_____
Bank Account: *Name of bank & balance*	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____
Bank Account: *Name of bank & balance*	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____	❒Checking ❒Savings ❒Debit/Pay Card _____ $_____

Total amount on hand $_____

ASSISTANCE

Name/Relationship	Contact Information	Help Received	Willing to Help?
_____ ❒Parent ❒Spouse ❒Child ❒Sibling ❒Grandparent			❒Yes ❒No
_____ ❒Parent ❒Spouse ❒Child ❒Sibling ❒Grandparent			❒Yes ❒No
_____ ❒Parent ❒Spouse ❒Child ❒Sibling ❒Grandparent			❒Yes ❒No

Other Sources of Assistance *Last 30 days:*	Who Helped	Amount	Date
❒ Other agencies ❒ Church/Congregation ❒ Friends/Family		$	
❒ Other agencies ❒ Church/Congregation ❒ Friends/Family		$	

Public Assistance *Receiving or applied for the following:*	Date Applied	Amount Receiving
❒SNAP ❒TANF ❒SS ❒VA Benefits ❒EAP ❒Unemployment ❒Grants/Loans		$
❒SNAP ❒TANF ❒SS ❒VA Benefits ❒EAP ❒Unemployment ❒Grants/Loans		$
❒SNAP ❒TANF ❒SS ❒VA Benefits ❒EAP ❒Unemployment ❒Grants/Loans		$

Has anyone in the household been terminated from, refused or has TANF, SNAP or other government benefits reduced? ❒Yes ❒No
If yes, why?_____
Has anyone in the household ever been convicted of welfare fraud (IC 35-43-5-7)? ❒Yes ❒No
If yes, year and county/state?_____

Assistance Needed	Owed	Amount Requested
❒Rent/Mortgage ❒Utilities ❒Medical ❒Food ❒Burial/Cremation ❒	$	$
❒Rent/Mortgage ❒Utilities ❒Medical ❒Food ❒Burial/Cremation ❒	$	$
❒Rent/Mortgage ❒Utilities ❒Medical ❒Food ❒Burial/Cremation ❒	$	$

Affidavit

Thereby affirm under the penalties of perjury that the information given on this application is true and correct to the best of my knowledge and belief in every aspect, and I have not failed to disclose or withhold any information bearing upon the eligibility for the need of financial assistance. I certify I have not been convicted under IC 35-43-5-7 (Welfare Fraud) or IC 35-43-5 concerning fraud relating to Medicaid or public relief or assistance.

Consent

I consent to the disclosure of any and all information contained on this application may be used only for the connection with Township Assistance. This consent expires 180 days after the date of signing.

I have read the above Affidavit and Consent.

Signature of Applicant **Date**

Pledge of Confidentiality by Township

The Township acknowledges that they, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise permitted by law.

Trustee/Employee **Date**

Townships do not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or marital status.

FOR TOWNSHIP USE ONLY

Work Order Description	Hours	Amount	Completed
		$	
		$	

FUNDING SUMMARY

Date	Benefit	TWP Amount	Referral	Assisted	Amount
	❒Housing ❒Utility ❒Transportation ❒Food ❒Burial/Cremation ❒Medical ❒	$		❒Yes ❒No	$
	❒Housing ❒Utility ❒Transportation ❒Food ❒Burial/Cremation ❒Medical ❒	$		❒Yes ❒No	
	❒Housing ❒Utility ❒Transportation ❒Food ❒Burial/Cremation ❒Medical ❒	$		❒Yes ❒No	$

INVESTIGATOR NOTES