

# Application for Township Assistance

*NOTE: Social Security numbers are optional*

PHONE NUMBER (    )    -	APPLICATION DATE /    /	APPLICATION TIME : <input type="checkbox"/> AM : <input type="checkbox"/> PM	CASE NUMBER
AREA ###-####	MM    DD    YY	HH    MM    (total:    )	office use only

**Applicant's Full Name**

**Social Security #**

**Date of Birth**

	<input type="checkbox"/> male <input type="checkbox"/> female	-    -	/    /
LAST                      FIRST                      MI		optional	MM    DD    YY

**Other Adult's Full Name**

**Social Security #**

**Date of Birth**

	<input type="checkbox"/> male <input type="checkbox"/> female	-    -	/    /
LAST                      FIRST                      MI		optional	MM    DD    YY

**Other Adult's Full Name**

**Social Security #**

**Date of Birth**

	<input type="checkbox"/> male <input type="checkbox"/> female	-    -	/    /
LAST                      FIRST                      MI		optional	MM    DD    YY

**Current Address**

				_____ Months _____ Years
Street Address / P.O. Box                      Apt. #	City, State	Zip	How Long	

**Previous Address**

				_____ Months _____ Years
Street Address / P.O. Box                      Apt. #	City, State	Zip	How Long	

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicap status. Anyone needing special aid, readers or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check  the relationship to the applicant and **circle** ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

NOTE: Social Security numbers are optional

Person's Name	Relationship		Income Source	Amount (monthly)
_____	<input type="checkbox"/> Yourself	<input type="text" value="/ /"/>	No Income	Wages
Print _____		Date of Birth	Social Security	AFDC
_____		<input type="text" value="- -"/>	Unemployment	Pension
Signature _____		Social Sec. # (optional)	Veteran's Insurance	Support Gifts
			Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other

Total adults in the household: \_\_\_\_\_ Total children in the household: \_\_\_\_\_  
 Total of ALL persons living in the household: \_\_\_\_\_  
 Total GROSS income received in the household the last 30 days: \$ \_\_\_\_\_  
 Does anyone live in this household temporarily or occasionally? YES NO  
 If YES, who and how often: \_\_\_\_\_

List all motorized vehicles owned by ANY person in this household:  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
----------	-----------	-------------	-------------

Name: \_\_\_\_\_ Name: \_\_\_\_\_

What is your income status?  Wages Stopped  Wages Stopped  Wages Stopped  
 Waiting on Income  Waiting on Income  Waiting on Income  
 Receiving Income  Receiving Income  Receiving Income  
 No Income  No Income  No Income

What is your employment status?  Currently working  Currently working  Currently working  
 Laid off on: \_\_\_\_\_  Laid off on: \_\_\_\_\_  Laid off on: \_\_\_\_\_  
 Never worked  Never worked  Never worked  
 Quit: \*  Quit: \*  Quit: \*  
 Fired: \*  Fired: \*  Fired: \*  
 Sick leave  Sick leave  Sick leave  
 Maternity leave  Maternity leave  Maternity leave  
 On strike  On strike  On strike  
 Trying to find work  Trying to find work  Trying to find work

\* answers require explanation below

OTHER FINANCIAL INFORMATION						
	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand? IF YES, give amount	Yes	No	Yes	No	Yes	No
	\$ _____		\$ _____		\$ _____	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account?	Yes	No	Yes	No	Yes	No
IF YES, give name of each bank & current balance	_____		_____		_____	
Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer or government agency from which you (they) expect to receive a recovery (money)? YES NO						
If yes, explain: _____						

PROPERTY OWNERSHIP			
	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
Do you own any property?	Yes No	Yes No	Yes No
IF YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY	
Number of adults on the lease: _____ Co-lessee's name (if any): _____	
Name of apartment complex or landlord: _____	
Address of complex or landlord: _____	
Phone number of complex or landlord: _____	
What date did you move into this rental unit: _____ Monthly rent amount: _____	
Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____	
Are any utilities included? YES NO If yes, which ones? _____	

EMPLOYMENT HISTORY		
	<b>Applicant</b>	<b>Other Adult</b>
		Name _____
		Name _____
Your most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		
2nd most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		

MILITARY SERVICE			
	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
Serial Number:			
Enlistment Date:			
Branch of Service:			
Discharge Date:			

CITIZENSHIP	
Is everyone in the household a U.S. citizen? YES NO	
If no, please explain status by which you are in the U.S.: _____	
_____	





**OTHER PUBLIC ASSISTANCE**

Are you receiving or have you applied for the following:

**APPLICANT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? \_\_\_\_\_

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? \_\_\_\_\_

