

DATE: _____

APPLICATION UPDATE

Please do not write in this column.

NAME: _____

CASE #: _____

ADDRESS: _____ PHONE: _____

Number of persons living at your address: _____

Has your income, resources or household size changed since your application dated _____?

Are you or anyone else in the household working? YES _____ NO _____

Are you or any member of your household under a doctor's care? YES _____ NO _____

Have you\they applied for disability? YES _____ NO _____

If YES, what is the status of your case? _____

SINCE THE DATE OF YOUR LAST APPLICATION OR UPDATE:

Have you applied for Food Stamps? YES NO If receiving, give amount: _____

Have you applied for Unemployment? YES NO If receiving, give amount: _____

Have you applied for Energy Assistance? YES NO If receiving, give amount: _____

Have you applied for / received assistance from any other source Yes NO If YES, explain: _____

TODAY I AM REQUESTING ASSISTANCE WITH THE FOLLOWING:

AMOUNT (\$) REQUESTED

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BUDGET SECTION

INCOME is any source of benefit to you, or any member of your household, whether money or payment assistance. This includes: work income, housing assistance, odd job money, sick pay, relative or church assistance, EAP/ Project Safe payments, worker's compensation, Social Security benefits, unemployment, child support, vacation pay, tax returns, bartered goods, etc.

EXPENSE is any bill you have already paid or anything or which you used the above income.

LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD DURING THE PAYS 45 DAYS:

AMOUNT (\$) REQUESTED

Received from:

Received for:

LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD DURING THE PAYS <u>45</u> DAYS:	AMOUNT (\$) REQUESTED

Please do not write in this column

LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY MEMBERS OF YOUR HOUSEHOLD DURING THE PAST 30 DAYS	AMOUNT (\$) PAID OUT	ALLOWED/ VERIFIED
<i>Paid for:</i>		
<i>Paid to:</i>		
Rent\mortgage		
electric service		
gas service		
water service		
sewer service		
phone payment		
food purchased		
babysitting\childcare		
transportation cost		
medical expenses		
insurance payment (state type)		
household items (specify)		
loans\charge payments		
other monthly cost, specify:		
cable television		

Expenses OWED (not paid) at this time:

Rent\mortgage amount:

Utilities (type and amount owed):

Other bills (specify type and amount owed):

I certify and affirm under penalties of perjury that the information given on this form is true and correct to the best of my knowledge and that my household size and/or income has not changed since my last request for assistance other than what has been stated on this form. I understand that the above will need to be verified for the township trustee as part of the investigation into my household's eligibility for township assistance and that it is my responsibility to provide proofs that the trustee requires. I understand that deliberate giving of false information or withholding relevant information or giving incomplete information can cause a denial of township help.

Applicant Signature

Date

Other Adult in Household

Date

Other Adult in Household

Date

OFFICE USE ONLY		SURPLUS \ DEFICIT
TOTAL INCOME \$	ALLOWED EXPENSES \$	\$
Investigator Notes:		
Investigator Signature:		