## **Application for Township Assistance**

PHONE NUMBER	APPLICATION DATE	APPLICAT	TION TIM	$\Box$ AM	CASE NUMBER
( ) –	/ /		•		85
AREA ### ####	MM DD YY	HH	MM	(total:	) office use only
Applicant's Full Nam	ne		Social	Security #	Date of Birth
		☐ male ☐ female	_	_	/ /
LAST F	TRST MI		op	tional	MM DD YY
Other Adult's Full Na	ame		Social	Security #	Date of Birth
· ·		☐ male☐ female	_	_	/ /
LAST F	TRST MI		ор	tional	MM DD YY
Other Adult's Full Na	ame		Social	Security #	Date of Birth
		☐ male ☐ female	_	_	/ /
LAST F	TIRST MI		ор	tional	MM DD YY
<b>Current Address</b>					
				-	Months Years
Street Address / P.O. Box	Apt.#	City,	State	Zip	How long
<b>Previous Address</b>					
					Months Years
Street Address / P.O. Box	Apt.#	City,	State	Zip	How long
QUESTION	APPLICANT	OTI	HER ADI	ULT	OTHER ADULT
What is your housing sta	.tus?		)wn		☐ Own
	☐ Buying	$\Box$ B	Buying		☐ Buying
	☐ Renting	$\square$ R	Renting		☐ Renting
- 40	☐ Homeless	$\Box$ H	Iomeless		☐ Homeless
	Other		Other		Other
What is your marital stat	us?   Married	$\square$ N	Married		☐ Married
	☐ Single	$\square$ S	ingle		☐ Single
	☐ Divorced		Divorced		☐ Divorced
	☐ Separated	$\square$ S	eparated		☐ Separated
	☐ Widowed	$\square$ V	Vidowed		☐ 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 in advance at least 48 hours.

In the following table, list ALL persons living within this household. For each person check we 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 Sec. #'s are optional.* 

Person's Name	Relationship		Income Sou	rce	Amount (monthly)
Print Signature	\ \ Yourself	Date of Birth  Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	Date of Birth  Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	Child Spouse Relative Room Mate Other Adult	Date of Birth  Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	Date of Birth  Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	Date of Birth  Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	Date of Birth  Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	Date of Birth  Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	

Prescribed by State Board of Acc	Counts					1	ownship Form 17
Total adults in the hous Total of ALL persons I	iving in the housel			l children i	n the hous	ehold:	
Total GROSS income received in the household last 30 days \$							
Does anyone live in this household temporarily or occasionally? YES NO  If YES, who and how often?							
List all motorized vehic	cles owned by AN	Y person	in this househ	old:			
Туре:	(Car / Truc	ck / Boat	/ Motorcycle)	Year:	Mal	ke:	
Туре:	(Car / Truc	ck / Boat	/ Motorcycle)	Year:		ke:	
Type:	(Car / Truc	ck / Boat	/ Motorcycle)	Year:		ke:	
OUESTION	APPLICANT		OTHER	ADMET	ОТ	WSD 4 5 W	
QUESTION	APPLICANT		OTHER	ADULI	011	HER ADUI	51
	_		ame:		Name:		
What is your income	☐ Wages Stopp		☐ Wages			Wages Stop	
status?	☐ Waiting on Ir			g on Incom		Waiting on	
	Receiving Inc	come		ing Income		Receiving I	ncome
	☐ No Income		□ No Inc	ome		No Income	
What is your	Currently wo	_		tly working		Currently w	
employment status?	Laid off on:_		_	f on:		Laid off on:	
	☐ Never worked	d	☐ Never v	worked		Never work	ed
* answers require	Quit: *		Quit: *			Quit: *	
explanation below.	☐ Fired: *		☐ Fired: *			☐ Fired: *	
	☐ Sick leave					Sick leave	
	☐ Maternity lea	ve	Matern			Maternity le	eave
	On Strike		On Stri			On Strike	
*	☐ Trying to find	l work	☐ Trying	to find wor	·k 📙 ′	Trying to fir	ıd work
	Oth	er Fina	ncial Inforn	nation			
D 1 1:0 '	0	Appl		Other		Other	
Do you have life insurar		Yes	No	Yes	No	Yes	No
Do you have another typ Do you have any investr		Yes Yes	No No	Yes	No	Yes	No
(Stocks, Bonds, CD's		168	NO	Yes	No	Yes	No
Do you have any cash or		Yes	No	Yes	No	Yes	No
If YES, give amount				\$	110	\$	110
Do you have a checking		Yes	No	Yes	No	Yes	No
Do you have a savings a		Yes	No	Yes	No	Yes	No
If YES, give name of	each bank			-			
& current balance	sohold bassa 1	·	India 1				
Does anyone in the hous employer, or governmen	t agency from whi	ch vou (+	hev) expect to	s, against a	person, in	surance com	And the second s
	agency from win				ccovery (I	noney):	YES NO
J , P							

	PROPERTY OWN	ERSHIP	
	Applicant	Other Adult	Other Adult
Do you own any property?	******	YES NO	YES NO
If YES, show address:			
Show name of mortgage company: _			
Show amount of mortgage payment:			
Show number of years owned:	Approximate mark	et value of home:	
		,,	
Administrative and the second	RENTAL HIST	ORY	
Number of adults on the lease:	Co-lessee's name	(if any):	
Show name of apartment complex or			
Address of apartment complex or lan	dlord:		
Phone number of complex or landlor	d:		11 1).
What date did you move into this ren			
Is anyone in the household related to	the landlord? YES N	O If yes, state relation	ship:
Are any utilities included? YES	NO If yes, which one	s?:	
	EMPLOYMENT H	ISTORY	
A	pplicant	Other Adult	Other Adult
		name:	name:
Your most recent employer:			
Date you started work there:			1
Date you last worked there:			
Reason not working there now:			
2nd most recent employer:			
Date you started work there:			
Date you last worked there:			
Reason no longer there:			
	MILITARY SER	RVICE	
A	pplicant	Other Adult	Other Adult
Serial Number:			
Enlistment date:			
Branch of Service:			
Discharge Date:			
	ARRIZANISH	TD.	1
	CITIZENSH	HE	
Is everyone in the household a U.S. c			
If no, please explain status by which	you are in the U.S.:		

Household m	Maiden Name (if marrical)  members' relatives (pare		s. grandnarents, aunt	s. uncles) incl	uding "ste	p" relative
Name	Addre		Phone	How ha	ave they h	elped?
		CHILD S	SUPPORT			hiji (5.6) <u>5.</u>
If not will yo	ninor children in the ho u go to court to get sup	oport?	ordered for them by	any court?		ES NO
	in:iving child support?		CC harranah?			
	ress of child(ren)'s other					
		OTHER COLD	OFC OF HELD			
			CES OF HELP		nd Irolia	
	someone in the househ	old been helped fro	m any other source s			service
centers, or fri	someone in the househiends whom you have much and when?	old been helped fro not already listed on	m any other source s this form?	YES NO		service
centers, or fri	iends whom you have i	old been helped fro not already listed on	m any other source s this form?	YES NO		service
centers, or fri	iends whom you have i	old been helped fro not already listed on	m any other source s this form?	YES NO		service
centers, or fri	ends whom you have need and when?  CURRENT	old been helped front already listed on	m any other source so this form?	YES NO MEMBERS		
centers, or fri	current  Current  Date	old been helped fro not already listed on	m any other source s this form?	YES NO		Last Pay
centers, or fri If YES, how  Amount	ends whom you have need and when?  CURRENT	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa
centers, or fri If YES, how  Amount	current  Current  Date	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa
centers, or fri	current  Current  Date	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa
centers, or fri	current  Current  Date	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa
centers, or fri	current  Current  Date	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa
centers, or fri	current  Current  Date	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa
centers, or fri If YES, how  Amount	current  Current  Date	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa
centers, or fri If YES, how  Amount	current  Current  Date	old been helped fron ot already listed on DEBTS of All	m any other source so this form?  HOUSEHOLD N  Items	YES NO MEMBERS	Amt.	Last Pa

### **EXPENSE INFORMATION**

List below any payments made by any household member to any source in the last thirty (30) days.

	Paid to	Date Paid	Amount	Paid to	Date Paid
100					
(A) (F)					
71 4 1	4 - 1				
hat do you owe	today on your rer	nt or mortgage? \$_			
nat do you owe	Gog/Hoo	lities? \$	Water \$	Cable \$	
LOOPING OFFICE W		mg D	vvalet p	Cable \$_	
lectricity \$	Sewer \$	Trach	Removal \$	Other	\$
elephone \$	Sewer \$_	Trash	Removal \$_	Other	\$
are any of these l	Sewer \$_ oills in someone el	Trash YES	Removal \$_ NO	Other	\$
elephone \$ are any of these l	Sewer \$_ oills in someone el	Trash	Removal \$_ NO	Other	\$
elephone \$ re any of these l	Sewer \$_ oills in someone el	Trash YES	Removal \$_ NO	Other	\$
re any of these l	Sewer \$_ pills in someone el es and whose nam	Trash yES e?	Removal \$_ NO	Other	\$
re any of these l	Sewer \$_ oills in someone el	Trash yES e?	Removal \$_ NO	Other	\$
re any of these l	Sewer \$_ pills in someone el es and whose nam	Trash yES e?	Removal \$_ NO	☐ No Income ☐ Not enough income	come
re any of these l	Sewer \$_ pills in someone el es and whose nam	Trash yES e?	Removal \$_ NO	☐ No Income ☐ Not enough income Stolen	come
re any of these l	Sewer \$_ pills in someone el es and whose nam	Trash yES e?	Removal \$_ NO	☐ No Income ☐ Not enough income	come
re any of these lef YES, which on what is your reas	Sewer \$_ pills in someone el es and whose nam on for asking for 5	Trash YES e?  Frustee help?	Removal \$NO	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come
elephone \$are any of these left YES, which on what is your reas	Sewer \$ Sewer \$ someone election of the sewer \$	Trash YES e?  Frustee help?	Removal \$NO	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come
re any of these leaves, which on TyES, which on That is your reas as there been an oplication?	Sewer \$_bills in someone eles and whose name on for asking for \$_bills in someone eles and whose name on for asking for \$_bills in \$	Trash yES e? YES e? Trustee help?	Removal \$NO	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come ent e to consider in your
re any of these leaves which on the selection of these leaves which on the selection of the	Sewer \$_bills in someone eles and whose name on for asking for \$_bills in someone eles and whose name on for asking for \$_bills in \$	Trash YES e?  Frustee help?	Removal \$NO	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come ent e to consider in your
re any of these leaves which on TyES, which on That is your reas as there been an oplication?	Sewer \$ Sewer \$ someone element on for asking for \$ semergency or other semergency or oth	Trash yES e? YES e? Trustee help?	Removal \$NO	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come ent e to consider in your
re any of these larger any of these larger any of these larger any of these larger and the second as there been an oplication? YITYES, explain:	Sewer \$_ poills in someone eles and whose name on for asking for \$_ emergency or other in the second	Trash yES e?Trustee help?	Removal \$NO	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come ent e to consider in your
Telephone \$	Sewer \$_ poills in someone eles and whose name on for asking for \$_ emergency or other in the second	Trash yES e? YES	Removal \$NO	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come ent e to consider in your
as there been an oplication? YES, explain:	Sewer \$_bills in someone eles and whose name on for asking for \$_bills in someone eles and whose name on for asking for \$_bills in \$	Trash yES e? YES e?	NO Secumental Security Secur	☐ No Income ☐ Not enough inc ☐ Income Stolen ☐ Emergency Ev	come ent e to consider in your

Subsidized Sec. 8, HUD, or otl	ner public	e housi	ng? 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 type)	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 oth	er public	housi	ng? 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 type)	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:
			THER ADULT		
Subsidized Sec. 8, HUD, or oth	er public	housir	ng? 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 type)	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 be	en termir	nated f	rom, refused or had	AFDC payments	s reduced? YES NO
If YES, why?				-	
Has anyone in the household ev	er been c	onvict	ed of welfare fraud	under IC 35-43-5	5-7? YES NO
TOTTO					
			Page 7		

#### READ CAREFULLY \* NOTICE OF PUBLIC LAW

Indiana code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days heating fuel or electric services assistance unless you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, who may be eligible for other public assistance shall within fifteen (15) working days of the emergency assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, fails to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following the emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-1 0-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-1 1 -1 requires a recipient or other adult member of the household, with certain exceptions, to do any work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.

#### Signature of Other Adult Signature of Other Adult Signature of Applicant Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance? OTHER ADULT: YES NO OTHER ADULT: YES NO APPLICANT: YES NO If no, explain why not:\_\_\_ **AFFIDAVIT** I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance. Signature of Other Adult Signature of Other Adult Signature of Applicant NOTE: All household members eighteen and older must sign where indicated for application to be complete.

# CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, hassing a	, Case Number,	residing at			
		_, Indiana, consent to the disclosure of the			
following information to	A ALTON GIVE TO LABOUR	_, the investigator of township assistance for			
	Township	County, Indiana:			
Information that will v	erify my:				
1. Countable in	come.				
2. Countable as					
3. Wasted resources.					
4. Relatives cap	pable of providing assistance.				
5. Past or prese	nt employment.				
6. Pending clair	ms or causes of action.	Probability of the second of the second			
7. A medical co	ondition if relevant to work or wor	kfare requirements.			
8. Any other in	formation required by law.				
	assistance	TownshipCounty, IN.			
(2) my application for public as of Medicaid Policy and Pla		ily and Children county offices and the Office			
(3)others(ifany)					
		COLUMN ALLES I CO			
Signature of Applicant	Signature of other Adult	Signature of other Adult			
Date Signed	Date Signed	Date Signed			
T	his consent form expires 180 days after t	the date of signing.			
		3 3 57 67 8 3 5			
A CUNOWI EDCMEN	TO A NEW DITEDOR OF CONIETY	ENTER LITTED TO WAIGHID			
ACKNOWLEDGIVE	IT AND PLEUGE OF CONFID	ENTIALITY BY THE TOWNSHIP			
personal information and that such inf	formation is to be treated as confidential, a	y, in the course of employment, have access to certain and is to be released and exchanged only with agencies estigating this application or as otherwise provided by			
Tructae or Empl		Data Signed			
Trustee or Empl	oyee	Date Signed			