

Application for Township Assistance

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

Previous Address				
Street Address / P.O. Box	Apt. #	City, State	Zip	___ Months ___ Years 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 in advance at least 48 hours.

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 Sec. #'s are optional.*

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

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 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
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	Name: _____	Name: _____	
What is your income status?	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income

	Name: _____	Name: _____	
What is your employment status?	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On Strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On Strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On Strike <input type="checkbox"/> 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? If YES, give name of each bank & current balance	Yes	No	Yes	No	Yes	No
	_____		_____		_____	
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			
	Applicant	Other Adult	Other Adult
Do you own any property?	YES NO	YES NO	YES NO
If YES, show address: _____			
Show name of mortgage company: _____			
Show amount of mortgage payment: _____			
Show number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY	
Number of adults on the lease: _____	Co-lessee's name (if any): _____
Show name of apartment complex or landlord: _____	
Address of apartment complex or landlord: _____	
Phone number of complex or landlord: _____	
What date did you move into this rental unit? _____	Monthly rental 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		
	Applicant	Other Adult
		name: _____
Your most recent employer: _____		name: _____
Date you started work there: _____		
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 SERVICE			
	Applicant	Other Adult	Other Adult
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 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 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 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 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 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 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 & where? _____

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 12-20-10-1 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 12-20-11-1 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 Applicant Signature of Other Adult Signature of Other Adult

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

APPLICANT: YES NO OTHER ADULT: YES NO OTHER ADULT: 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 Applicant Signature of Other Adult Signature of Other Adult

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, _____, Case Number _____, residing at _____
_____, Indiana, consent to the disclosure of the
following information to _____, the investigator of township assistance for
_____ Township _____ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) my application for township assistance _____ Township _____ County, IN.
- (2) my application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) others (if any) _____

Signature of Applicant

Signature of other Adult

Signature of other Adult

Date Signed

Date Signed

Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, 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 provided by law.

Trustee or Employee

Date Signed