Application for Township Assistance

NOTE: Social Security numbers are optional

PHONE NUMBER	APPLICATION DATE	APPLICATION TIME	CASE NUMBER
( ) -	/ /	: ○ AM ○ PM	
AREA ###-####	MM DD YY	HH MM (total:)	office use only

Applicant's Full Name | **Social Security #** | **Date of Birth**

			○ male ○ female	– –	/ /
LAST	FIRST	MI		optional	MM DD YY

Other Adult's Full Name | **Social Security #** | **Date of Birth**

			○ male ○ female	– –	/ /
LAST	FIRST	MI		optional	MM DD YY

Other Adult's Full Name | **Social Security #** | **Date of Birth**

			❑ male ❑ 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?	❑ Own ❑ Buying ❑ Renting ❑ Homeless ❑ Other	❑ Own ❑ Buying ❑ Renting ❑ Homeless ❑ Other	❑ Own ❑ Buying ❑ Renting ❑ Homeless ❑ Other
What is your marital status?	❑ Married ❑ Single ❑ Divorced ❑ Separated ❑ Widowed	❑ Married ❑ Single ❑ Divorced ❑ Separated ❑ Widowed	❑ Married ❑ Single ❑ Divorced ❑ Separated ❑ 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)
______ 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	
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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 ❑ Waiting on Income ❑ Receiving Income ❑ No Income	❑ Wages Stopped ❑ Waiting on Income ❑ Receiving Income ❑ No Income	❑ Wages Stopped ❑ Waiting on Income ❑ Receiving Income ❑ No Income
What is your employment status? ** answers require explanation below*	❑ Currently working ❑ Laid off on: _____ ❑ Never worked ❑ Quit: * ❑ Fired: * ❑ Sick leave ❑ Maternity leave ❑ On strike ❑ Trying to find work	❑ Currently working ❑ Laid off on: _____ ❑ Never worked ❑ Quit: * ❑ Fired: * ❑ Sick leave ❑ Maternity leave ❑ On strike ❑ Trying to find work	❑ Currently working ❑ Laid off on: _____ ❑ Never worked ❑ Quit: * ❑ Fired: * ❑ Sick leave ❑ Maternity leave ❑ On strike ❑ Trying to find work

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?	Yes No	Yes No	Yes No
IF YES, give amount	$_____	$_____	$_____
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

	Applicant	Other Adult	Other Adult
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

	Applicant	Other Adult Name _____	Other Adult 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

	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.: _____

FAMILY INFORMATION

Applicant's Maiden Name (if married): _____

Household members' relatives (parents, brothers, sisters, grandparents, aunts, uncles) including "step" relatives:

Name	Address	Phone	How have they helped? Are they wiling to help?

CHILD SUPPORT

If there are minor children in the home, is child support ordered for them by a court? YES NO

If not will you go to court to get support? YES NO

If NO, explain: _____

Are you receiving child support? YES NO if YES, how much? _____

Name & address of child(ren)'s other parent if not in household: _____

OTHER SOURCES OF HELP

Have you or someone in the household been helped from any other source such as churches, multi-service centers or friends whom you have not already listed on this form? YES NO

If YES, who, how much & when? _____

CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS

Amount of Debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amount paid	Last Pay Date

EXPENSE INFORMATION

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

Amount	Paid To	Date Paid

Amount	Paid To	Date Paid

What do you owe today on your rent or mortgage? $ _____

What do you owe today on your utilities? _____

Electricity $ _____ Gas/Heating $ _____ Water $ _____ Cable $ _____

Telephone $ _____ Sewer $ _____ Trash Removal $ _____ Other $ _____

Are any of these bills in someone else's name? YES NO

If YES, which ones and whose name? _____

What is your reason for asking for Trustee help?

- ❑ No Income
- ❑ Not Enough Income
- ❑ Income Stolen
- ❑ Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application:

YES NO

If YES, explain: _____

_____

_____

_____

_____

Specifically, what are you asking for help with today?

_____

_____

_____

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: ____
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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: ____
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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? ____

____

NOTES:

NOTES: