

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

				____ 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 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 is required of all household members eighteen (18) and older. *Note: Social Sec. #'s are optional.*

Person's Name	Relationship	Income Source		Amount (monthly)
_____ Print _____ Signature	<input type="checkbox"/> Yourself <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<div> <div>/ /</div> <div>Date of Birth</div> </div> <div> <div>- -</div> <div>Social Sec. # (optional)</div> </div>	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 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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What is your income status?

Name _____

Name _____

☐ 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?

☐ Yes ☐ NO☐ Yes ☐ NO☐ Yes ☐ NO

(Stocks, Bonds, CD's, IRA's)

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?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state relationship _____
Are any utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which ones? _____

Employment History		
Applicant	Other Adult	Other Adult
	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 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? <input type="checkbox"/> YES <input type="checkbox"/> 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, aunt, uncles) including “step” relatives

Name	Address	Phone	How have they helped? Are they willing 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 and 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	Amt. Paid	Last Pay Date

Expense Information	
---------------------	--

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

[illegible]

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 arrears? Check one: ☐ YES ☐ NO

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

If YES, which ones and whose name?

If PES, 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:		<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____ \ ____ \ ____
Utility Allotment	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
AFDC Welfare	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Other Trustee Office	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Social Security (any type)	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
V.A Benefits (any time)	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
EAP Utility Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
FEMA Funds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Grants/Loans	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Any other type of help	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____

Other Adult

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

Other Adult

Subsidized Sec. 8, HUD, or other public housing:		<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____ \ ____ \ ____
Utility Allotment	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
AFDC Welfare	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
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Social Security (any type)	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
V.A Benefits (any time)	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
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Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Grants/Loans	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Applied	____ \ ____ \ ____ Amount _____
Any other type of help	<input type="checkbox"/> YES <input type="checkbox"/> 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 with heating fuel or electric service 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 informa-
tion 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 from _____ 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

(This page for township use only)

Work Order:

Given _____ Amount _____ Completed _____

Statistical Summary Of This Application

Date	# Recipients Rec'v Benefit	Utility \$ Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

Case Record Of Investigation

Notes

Notes