

# Application for Township Assistance

*NOTE: Social Security numbers are optional*

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
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**Previous Address**

Street Address / P.O. Box	Apt. #	City, State	Zip	_____ Months _____ Years How Long
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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 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)
_____	<input type="checkbox"/> Yourself	<input type="text" value="/ /"/>	No Income	Wages
Print _____		Date of Birth	Social Security	AFDC
Signature _____		<input type="text" value="-- --"/>	Unemployment	Pension
		Social Sec. # (optional)	Veteran's Insurance	Support Gifts
			Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
Signature _____	<input type="checkbox"/> Relative	<input type="text" value="-- --"/>	Unemployment	Pension
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
Signature _____	<input type="checkbox"/> Relative	<input type="text" value="-- --"/>	Unemployment	Pension
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
Signature _____	<input type="checkbox"/> Relative	<input type="text" value="-- --"/>	Unemployment	Pension
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
Signature _____	<input type="checkbox"/> Relative	<input type="text" value="-- --"/>	Unemployment	Pension
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
Signature _____	<input type="checkbox"/> Relative	<input type="text" value="-- --"/>	Unemployment	Pension
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
Signature _____	<input type="checkbox"/> Relative	<input type="text" value="-- --"/>	Unemployment	Pension
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other

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
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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			

What is your employment status?	<input type="checkbox"/> Currently working	<input type="checkbox"/> Currently working	<input type="checkbox"/> Currently working
	<input type="checkbox"/> Laid off on: _____	<input type="checkbox"/> Laid off on: _____	<input type="checkbox"/> Laid off on: _____
	<input type="checkbox"/> Never worked	<input type="checkbox"/> Never worked	<input type="checkbox"/> Never worked
	<input type="checkbox"/> Quit: *	<input type="checkbox"/> Quit: *	<input type="checkbox"/> Quit: *
	<input type="checkbox"/> Fired: *	<input type="checkbox"/> Fired: *	<input type="checkbox"/> Fired: *
	<input type="checkbox"/> Sick leave	<input type="checkbox"/> Sick leave	<input type="checkbox"/> Sick leave
	<input type="checkbox"/> Maternity leave	<input type="checkbox"/> Maternity leave	<input type="checkbox"/> Maternity leave
	<input type="checkbox"/> On strike	<input type="checkbox"/> On strike	<input type="checkbox"/> On strike
	<input type="checkbox"/> Trying to find work	<input type="checkbox"/> Trying to find work	<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**

	<b>Applicant</b>		<b>Other Adult</b>		<b>Other Adult</b>	
	Yes	No	Yes	No	Yes	No
Do you own any property?						
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**

	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
		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 not working now:	_____		

**MILITARY SERVICE**

	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
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 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: _____
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: _____
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 and where? \_\_\_\_\_



## 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 township assistance application 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