

# 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**

				_____ 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 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
_____		<input type="text" value="- -"/>	Unemployment	Pension
Signature		Social Sec. # (optional)	Veteran's	Support
			Insurance	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
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's	Support
	<input type="checkbox"/> Other Adult		Insurance	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
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's	Support
	<input type="checkbox"/> Other Adult		Insurance	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
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's	Support
	<input type="checkbox"/> Other Adult		Insurance	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
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's	Support
	<input type="checkbox"/> Other Adult		Insurance	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
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's	Support
	<input type="checkbox"/> Other Adult		Insurance	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
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's	Support
	<input type="checkbox"/> Other Adult		Insurance	Gifts
			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?  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? (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	
	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		
	Applicant	Other Adult
		Name _____
Your most recent employer: _____		Name _____
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.: _____	
_____	





**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? \_\_\_\_\_

**STOP HERE  
DON'T SIGN**

**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 of heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-16-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following 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 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 member 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 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
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**(THIS PAGE FOR TOWNSHIP USE ONLY)**

**WORK ORDER:**

Given \_\_\_\_\_ Amount \_\_\_\_\_ Completed \_\_\_\_\_

**STATISTICAL SUMMARY OF THIS APPLICATION**

Date	# Recipients Rec'd. 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: