

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

Previous Address	Apt.#	City, State	Zip	How Long
Street Address/P.O Box				_____ Months _____ Years

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="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
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_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts 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 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
- 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?**

- 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

\* answers require explanation below.

\*

**Other Financial Information**

	Applicant	Other Adult	Other Adult
Do you have life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have another type of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have any cash on hand?	<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, give amount	\$ _____	\$ _____	\$ _____
Do you have a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have a savings account?	<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, 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 \_\_\_\_\_

<b>Property Ownership</b>			
	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
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 _____			

<b>Rental History</b>
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? _____

<b>Employment History</b>		
<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 no longer there _____		

<b>Military Service</b>		
<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
Serial Number _____		
Enlistment Date _____		
Branch of Service _____		
Discharge Date _____		

<b>Citizenship</b>
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

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:	<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 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 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