

APPLICATION FOR TOWNSHIP ASSISTANCE**APPLICANT'S INFORMATION****DATE:****TIME:****CASE #**

Last	First	MI	Social Security #	Date of Birth
Phone #		Email Address		
Current Address: Street/P.O. Box		Apt #	City, State	Zip
Previous Address: Street/P.O. Box		Apt #	City, State	Zip
Total adults in household		Total children under age of 18 in household		Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> homeless
Applicant's other names (maiden, alias):				

WHAT IS YOUR REASON FOR SEEKING ASSISTANCE? ☐ No Income ☐ Not enough income ☐ Income stolen ☐ Emergency situation
Is every adult in the household willing to work for the township and actively seeking employment as a condition of receiving township assistance? ☐ Yes ☐ No If No why, _____

Additional Information for Trustee to consider:**HOUSEHOLD AND FINANCIAL INFO**

Monthly payment \$ _____ Phone # for complex/landlord/mortgage company _____
Name of apartment complex/landlord or mortgage company _____
Address of complex/landlord or mortgage company _____
Is anyone in the household related to the landlord or mortgage holder? ☐ Yes ☐ No Relationship _____
Are utilities included? ☐ Yes ☐ No If yes, please list: _____
Are you receiving Section 8, HUD or other public housing? ☐ Yes ☐ No Are you receiving utility allotment? ☐ Yes ☐ No

LIST ALL CHILDREN UNDER AGE OF 18 LIVING IN THE HOUSEHOLD.

Name _____ DOB _____ Social Security # _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SS/ \$ _____	Name _____ DOB _____ Social Security # _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SS/ \$ _____	Name _____ DOB _____ Social Security # _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SS/ \$ _____
Name _____ DOB _____ Social Security # _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SS \$ _____	Name _____ DOB _____ Social Security # _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SS \$ _____	Name _____ DOB _____ Social Security # _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SS \$ _____

MOTOR VEHICLES USED BY/REGISTERED TO ANY PERSON IN THIS HOUSEHOLD

Type (car/truck/boat/motorcycle/scooter)	Year	Make	Model	Monthly Payment
				\$
				\$
				\$

LIST ALL ADULTS LIVING IN THE HOUSEHOLD

Self	Adult 1	Adult 2	Adult 3
Name _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ DOB _____ Social Security # _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Applicant: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Relative <input type="checkbox"/> Roommate	Name _____ DOB _____ Social Security # _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Applicant: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Relative <input type="checkbox"/> Roommate	Name _____ DOB _____ Social Security # _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Applicant: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Relative <input type="checkbox"/> Roommate
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated
Monthly Income Gross \$ _____ Net \$ _____ Income Source <input type="checkbox"/> None <input type="checkbox"/> Disability <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Social security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Gifts <input type="checkbox"/> VA benefits <input type="checkbox"/> Support <input type="checkbox"/> Insurance <input type="checkbox"/> _____	Monthly Income Gross \$ _____ Net \$ _____ Income Source <input type="checkbox"/> None <input type="checkbox"/> Disability <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Social security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Gifts <input type="checkbox"/> VA benefits <input type="checkbox"/> Support <input type="checkbox"/> Insurance <input type="checkbox"/> _____	Monthly Income Gross \$ _____ Net \$ _____ Income Source <input type="checkbox"/> None <input type="checkbox"/> Disability <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Social security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Gifts <input type="checkbox"/> VA benefits <input type="checkbox"/> Support <input type="checkbox"/> Insurance <input type="checkbox"/> _____	Monthly Income Gross \$ _____ Net \$ _____ Income Source <input type="checkbox"/> None <input type="checkbox"/> Disability <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Social security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Gifts <input type="checkbox"/> VA benefits <input type="checkbox"/> Support <input type="checkbox"/> Insurance <input type="checkbox"/> _____
Current Employment Start Date _____ Previous Employment Start/End Date _____ Reason for leaving? <input type="checkbox"/> Laid off <input type="checkbox"/> Never worked <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Medical leave <input type="checkbox"/> On Strike <input type="checkbox"/> Retired <input type="checkbox"/> Trying to find work	Current Employment Start Date _____ Previous Employment Start/End Date _____ Reason for leaving? <input type="checkbox"/> Laid off <input type="checkbox"/> Never worked <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Medical leave <input type="checkbox"/> On Strike <input type="checkbox"/> Retired <input type="checkbox"/> Trying to find work	Current Employment Start Date _____ Previous Employment Start/End Date _____ Reason for leaving? <input type="checkbox"/> Laid off <input type="checkbox"/> Never worked <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Medical leave <input type="checkbox"/> On Strike <input type="checkbox"/> Retired <input type="checkbox"/> Trying to find work	Current Employment Start Date _____ Previous Employment Start/End Date _____ Reason for leaving? <input type="checkbox"/> Laid off <input type="checkbox"/> Never worked <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Medical leave <input type="checkbox"/> On Strike <input type="checkbox"/> Retired <input type="checkbox"/> Trying to find work
Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to seek support? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent(s) that provide/should provide support: _____ County/State: _____	Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to seek support? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent(s) that provide/should provide support: _____ County/State: _____	Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to seek support? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent(s) that provide/should provide support: _____ County/State: _____	Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to seek support? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent(s) that provide/should provide support: _____ County/State: _____

Household debt List each household member and associated debt:

☐ Credit Card _____
☐ Student Loan _____
☐ Rent to Own _____
☐ Medical _____
☐ Payday Loan _____

Has anyone served in the military? If yes, what branch and MOS?

Outstanding claims
 Lawsuits against a person, insurance company, employer or government agency from which you expect to receive money.

1. _____
 2. _____
 3. _____

Insurance Check all that apply and household member:

☐ Home _____
☐ Whole _____
☐ Life _____
☐ Renter _____
☐ Car _____
☐ Term _____
☐ Health _____

EXPENSE INFORMATION List any payments made by any household member in the last 30 days not listed on bank statement:

Amount	Paid To	Date	Amount	Paid To	Date
\$			\$		
\$			\$		

Investment holdings: Stocks, Bonds, CDs, IRAs, 401k	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Property or assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash: List amount	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Bank Account: Name of bank & balance	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$
Bank Account: Name of bank & balance	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debit/Pay Card \$

Total amount on hand \$

ASSISTANCE**RELATIVE INFORMATION** List all household members' living relatives NOT living with the applicant:

Name/Relationship	Address	Phone	List help received	Willing to Help?
<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Sources of Assistance Last 30 days:	Who Helped	Amount	Date
<input type="checkbox"/> Other agencies <input type="checkbox"/> Church/Congregation <input type="checkbox"/> Friends/Family		\$	
<input type="checkbox"/> Other agencies <input type="checkbox"/> Church/Congregation <input type="checkbox"/> Friends/Family		\$	

Public Assistance Receiving or applied for the following:	Date Applied	Amount Receiving
<input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> SS <input type="checkbox"/> VA Benefits <input type="checkbox"/> EAP <input type="checkbox"/> Unemployment <input type="checkbox"/> Grants/Loans <input type="checkbox"/>		\$
<input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> SS <input type="checkbox"/> VA Benefits <input type="checkbox"/> EAP <input type="checkbox"/> Unemployment <input type="checkbox"/> Grants/Loans <input type="checkbox"/>		\$

<input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> SS <input type="checkbox"/> VA Benefits <input type="checkbox"/> EAP <input type="checkbox"/> Unemployment <input type="checkbox"/> Grants/Loans <input type="checkbox"/> _____		\$
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Has anyone in the household been terminated from, refused or has TANF, SNAP or other government benefits reduced? ☐ Yes ☐ No
 If yes, why? _____

Has anyone in the household ever been convicted of welfare fraud (IC 35-43-5-7)? ☐ Yes ☐ No If yes, year and county/state? _____

Assistance Needed	Owed	Amount Requested
<input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Medical <input type="checkbox"/> Food <input type="checkbox"/> Burial/Cremation <input type="checkbox"/> _____	\$	\$
<input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Medical <input type="checkbox"/> Food <input type="checkbox"/> Burial/Cremation <input type="checkbox"/> _____	\$	\$
<input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Medical <input type="checkbox"/> Food <input type="checkbox"/> Burial/Cremation <input type="checkbox"/> _____	\$	\$

Affidavit

I hereby affirm under the penalties of perjury that the information given on this application is true and correct to the best of my knowledge and belief in every respect, and I have not failed to disclose or withhold any information bearing upon the eligibility for the need of financial assistance. I also certify I have not been convicted under IC 35-43-5-7 (Welfare Fraud) or IC 35-43-5 concerning fraud relating to Medicaid or public relief or assistance.

Consent

I consent to the disclosure of any and all information contained on this application may be used only for the connection with Township Assistance. This consent expires 180 days after the date of signing.

I have read the above Affidavit and Consent.

Signature of Applicant

Date

Pledge of Confidentiality by Township

The Township acknowledges that they, 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 permitted by law.

Trustee/Employee

Date

Townships do not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or marital status.

FOR TOWNSHIP USE ONLY

Work Order Description	Hours	Amount	Completed
		\$	
		\$	

FUNDING SUMMARY

Date	Benefit	TWP Amount	Referral	Assisted	Amount
	<input type="checkbox"/> Housing <input type="checkbox"/> Utility <input type="checkbox"/> Transportation <input type="checkbox"/> Food <input type="checkbox"/> Burial/Cremation <input type="checkbox"/> Medical <input type="checkbox"/> _____	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Housing <input type="checkbox"/> Utility <input type="checkbox"/> Transportation <input type="checkbox"/> Food <input type="checkbox"/> Burial/Cremation <input type="checkbox"/> Medical <input type="checkbox"/> _____	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Housing <input type="checkbox"/> Utility <input type="checkbox"/> Transportation <input type="checkbox"/> Food <input type="checkbox"/> Burial/Cremation <input type="checkbox"/> Medical <input type="checkbox"/> _____	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

INVESTIGATOR NOTES