

WALNUT TOWNSHIP

Melody Davis, Trustee

PO Box 215, New Ross, IN 47968

(765)-365-2372

TOWNSHIP ASSISTANCES APPLICATION REQUIREMENTS:

1. Application must be filled out completely and signed by all members of the household 18 years or older. Make certain to sign page 9.
2. Copy of the Following must be with your completed application:
 - a. Birth certificate(s) of all members of the household.
 - b. Social Security card(s) of all members of the household.
 - c. State photo I.D. for all adult members in the household.
 - d. Wage Verification (pay stubs) for the last 30 days for each member of the household that is working.
 - e. Current rent/lease agreement.
 - f. Bank statements for last 30 days
 - g. Most recent tax return filed for each member of the household (if not married filing jointly).
 - h. Unemployment, Disability, or SSI benefits for all household members.
 - i. Most recent Utility bills.
 - j. Eviction notices or any past due notices.

Please mail your completed application to the above address. I will review your application and contact you to set up an in person interview.

Thank you,



Melody Davis

Walnut Township Trustee



WALNUT TOWNSHIP

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Assistance Programs

www.MONTCARES.org

FISH Food Pantry - First United Methodist Church (765) 362-4817

212 E Wabash Ave., Crawfordsville IN

Mountie Mission (765) 942-2676 – contact Diane Cross

Crossroads Community Nazarene Church (765) 866-8180, Pastor Mike Roberts (765) 569-1867

117 E SR 234, Ladoga

Ladoga Christian Church (765) 942-2019

Family Crisis Shelter (765) 362-2030

MANNA from Heaven – Pentecostal Church (765) 362-3046

Community Chest (765) 362-4096

201 E Jefferson #201, Crawfordsville

FISH Program (765) 362-4812

211 S Walnut St., Crawfordsville

Salvation Army – Community Action Program – Work One (765) 362-4096

TANF -temporary assistance (765) 359-3224

1633 E Way Drive, Crawfordsville

WIC – Crawfordsville (765) 362-3772

Veterans Outreach (765) 362-4096

Welfare (food stamps) (765) 362-5600

**PLEASE REACH OUT TO THESE ASSISTANCE PROGRAMS
BEFORE FILING A TOWNSHIP ASSISTANCE APPLICATION.**



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 martial 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.

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 cther 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

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 _____

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AFDC Welfare	<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