



MUST COMPLETE ALL SECTIONS

APPLICATION FOR TOWNSHIP ASSISTANCE

APPLICANT'S INFORMATION

DATE: _____

TIME: _____

CASE # _____

Last _____	First _____	MI _____	SSN _____	DOB _____
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 _____ SSN _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI \$ _____	Name _____ DOB _____ SSN _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI \$ _____	Name _____ DOB _____ SSN _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI \$ _____
Name _____ DOB _____ SSN _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI \$ _____	Name _____ DOB _____ SSN _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI \$ _____	Name _____ DOB _____ SSN _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI \$ _____

MOTOR VEHICLES USED BY/REGISTERED TO ANY PERSON IN THE 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 _____	Name _____	Name _____	Name _____
DOB _____	DOB _____	DOB _____	DOB _____
SSN _____	SSN _____	SSN _____	SSN _____
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	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	Relationship to Applicant: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Relative <input type="checkbox"/> Roommate	Relationship to Applicant: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Relative <input type="checkbox"/> Roommate	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"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <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"/> _____	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"/> _____	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"/> _____	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 _____	Current Employment _____	Current Employment _____	Current Employment _____
Start Date _____	Start Date _____	Start Date _____	Start Date _____
Previous Employment _____	Previous Employment _____	Previous Employment _____	Previous Employment _____
How Long _____	How Long _____	How Long _____	How Long _____
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 <input type="checkbox"/> On Strike <input type="checkbox"/> Retired <input type="checkbox"/> Trying to find work	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 <input type="checkbox"/> On Strike <input type="checkbox"/> Retired <input type="checkbox"/> Trying to find work	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 <input type="checkbox"/> On Strike <input type="checkbox"/> Retired <input type="checkbox"/> Trying to find work	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 <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: _____	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: _____	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: _____	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: _____	County/State: _____	County/State: _____	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
\$			\$		
\$			\$		

	Self	Adult 1	Adult 2	Adult 3
Investment holdings: <i>Stocks, Bonds, CDs, IRAs, 401k</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____			
Property or assets	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cash: <i>List amount</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____			
Bank Account: <i>Name of bank & balance</i>	<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: <i>Name of bank & balance</i>	<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

Name/Relationship	Contact Information	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 <i>Last 30 days:</i>	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 <i>Receiving or applied for the following:</i>	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"/> 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"/> 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		\$

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

Thereby 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 aspect, and I have not failed to disclose or withhold any information bearing upon the eligibility for the need of financial assistance. I 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