

**LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY YOU OR MEMBERS OF
YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:**
*Please do not
write in this
column.*

Paid for:	Date Paid:	Paid to:	AMOUNT (\$) PAID OUT	ALLOWED/ VERIFIED
Rent / Mortgage				
Electric service				
Gas service				
Water service				
Sewer service				
Phone payment				
Food purchased				
Babysitting / Childcare				
Transportation costs				
Medical expenses				
Insurance payment (state type)				
Household items (specify)				
Loans / Charge payments				
Other monthly cost (specify)				
Cable television				
Other (specify)				
Other (specify)				

Expenses OWED (not paid) at this time:

Rent / Mortgage amount:

Utilities (type and amount owed):

Other bills (specify type and amount owed):

AFFIDAVIT

I affirm under the 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 has not changed since my last request for assistance other than what has been stated on this form; 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 I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Applicant Signature _____ Date _____ Other Adult in Household _____ Date _____

Other Adult Signature _____ Date _____ Time of Day: _____ : _____ A.M./P.M.

OFFICE USE ONLY **SURPLUS / DEFICIT**

TOTAL INCOME \$ _____ ALLOWED EXPENSES \$ _____ \$ _____

Investigator Notes: _____

Investigator Signature: _____