

## Application for Jasper County General Assistance

Name: \_\_\_\_\_ Age \_\_\_\_\_ Co Applicant \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

What are you applying for?  Rent  Utilities  Rxs  Other \_\_\_\_\_

Do you have an eviction notice or disconnect notice?  No  Yes (*Required for those able to work*)

Is anyone in your household a veteran?  No  Yes

Is everyone in your household a US citizen?  No  Yes

List all persons living at present residence (**Include yourself**)

Name	Relationship	Social Security #	Birth date	Place of Birth
	Head of Household			

Is anyone in your household presently employed?  No  Yes

Name	Employer/Address of Employer	Monthly Income

Is anyone in your household presently unemployed?  No  Yes Who? \_\_\_\_\_

When did this person last work? \_\_\_\_\_

(Applicants unemployed will need to fill out a job search form or notice of incapacity)

Is anyone in your household currently on strike?  No  Yes

Has anyone in your household quit a job in the last 60 days?  No  Yes

Has anyone moved into or out of your home in the last 30 days?  No  Yes Who? \_\_\_\_\_

**Resources**

Complete this form including everyone in your home

	Yes	No	Amount	Location	Names of Persons
Cash					
Checking Acct					
Savings Acct					
IRA/CD's/Bonds					
Stocks/Trust					
Burial Contract					
Other					
Life Insurance					
Real Estate (property)					

Do you or anyone in your household own cars, trucks, boats, campers, motorcycles, or other vehicles?

Make	Model	Year	Amount Owed

Where have you lived prior to your current residence?

From To

Month/Year	Month/Year	Street/city	County/State

Have you applied for all other types of benefits for which you may be eligible?

Program	Applied	Approved	Denied	Amount / Or reason for denial
SSDI or SSI (disability)				
FIP				
Medical				
Veterans' Benefits				
Unemployment Benefits				
Heating Assistance				
Food Stamps				

Have you received any lump sum payments in the last year? (insurance, Social Security, Inheritance or other)

NO  Yes

Amount \_\_\_\_\_ When Received \_\_\_\_\_

Have you ever had a diagnosis of Chronically Mentally ill, Mentally ill, Mentally Retarded, Developmentally Disabled or Chemically Dependent? List Main Diagnosis \_\_\_\_\_



**This Application must be signed  
READ CAREFULLY**

I understand that Chapter 252, Code of Iowa, provides for the repayment of General Assistance Claims by the applicant if he/she becomes able.

I understand that a protective payee may be required at a later date by Jasper County General Assistance if I do not make payments and I do not cooperate.

Federal regulations now count general assistance as unearned income for food stamps effective February 1, 1988. Any assistance received must be reported to your food stamp worker.

I recognize the need for the County General Assistance Director to investigate my financial resources and I give him/her permission to do so. I also authorize the Director to contact my creditors to verify my accounts with them. I authorize the Director to contact my FIP/FS/Medical worker to verify my circumstances, Social Security Administration, Child Support including income, resources and benefits. I authorize the Director to contact RRACAP, Your First Step, Salvation Army, Veteran's Affairs, United Way and local faith communities to share information regarding my application and to coordinate services between those agencies.

I certify under perjury, that:

The answers I am about to give are correct and complete to the best of my knowledge.

Signature\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

**For office use only**

Action Taken: Approved Denied Referred

Date:

NOD:

Reason: