Application for Jasper County General Assistance

Name:	Age_	Co Applicar	nt	Age
Address:		City	Phone	
What are you applying	ng for?	ties Rxs Other_		
Do you have an evict	tion notice or disconne	ct notice? No No	Yes (Required for thos	se able to work)
Is anyone in your hor	usehold a veteran? 🔲 I	No 🗌 Yes		
Is everyone in your h	nousehold a US citizen?	? No Yes		
List all persons living	g at present residence (Include yourself)		
Name	Relationship	Social Security #	Birth date *	Place of Birth
	Head of Household			
		1		
		1		
	usehold presently empl		•	
Name	Emple	oyer/Address of Emp	loyer	Monthly Income
	+			
Is anyone in your how When did this person	usehold presently unen	nployed? 🗌 No 🔲 Ye	es Who?	
	yed will need to fill out	t a job search form or i	notice of incapacity)	
Is anyone in your hor	usehold currently on st	rike? No Yes		
Has anyone in your h	nousehold quit a job in	the last 60 days? N	Io Yes	
Has anyone moved in	nto or out of your home	e in the last 30 days?	☐ No ☐ Yes Who?	

Resources

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٠,	omniete	this	torm	including	every	one in	VOUL	home
_	OHIDICIO		TOTIL	moraums	CYCLY		your	1101110

Complete una form me				A STATE OF THE PROPERTY OF THE	_		
~ 1	Yes	No	Amoun	it Loc	ation		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 yo Make	our househo Mo		ars, truck	s, boats, car Yea		orcycles, or o	other vehicles? Amount Owed
Marc	1410	uei		1 ta			Amount Owed
,,,,,							
Where have you lived prom To	orior to you	ır current	residence	e?			
Month/Year Month/	Year	Street	/city				County/State
Have you applied for al	l other typ	es of bene	efits for w	hich you m	ay be eligib	ole?	
Program	Appli	ied Apj	proved	Denied	Amount	Or reason	for denial
SSDI or SSI (disability))						
FIP							
Medical							
Veterans' Benefits							
Unemployment Benefit	S						
Heating Assistance							
Food Stamps							
Have you received any ☐ NO ☐ Yes Amount	lump sum			st year? (ins When Recei		cial Security	, Inheritance or other)
Have you ever had a dia Disabled or Chemically					tally ill, Me	ntally Retar	ded, Developmentally

Monthly Expenses

Housing Costs	
Rent/Mortgage Payment	
Lot Rent	
Gas	
Electric	
Water/Sewer	
Taxes/Home Insurance	
Telephone	
Food	
Groceries	
At work/School	
Dining out	
Child Care	
Day Care/Sitters	
Child Support	
Education	
Student Loan	
Tuition	
Lessons	
Transportation	r
Car payment	
Insurance	
Gas	
Public Transportation	
Repairs	
Clothing	Γ
Clothing/Shoes	
Laundry	
Medical	Γ
Dr/Dentist/Insurance	
Prescriptions	
Entertainment	Γ
Cable/Internet	
Movies	
Sports	
Other	
Credit Card	
Life Insurance	
Church	
Pets	
Loans	
Cigarettes	
Total Expenses	

Monthly Income		
Earned Income		
Wages		
Income from property		
National Guard		
Odd jobs		
Business or		
Investment Earnings		
Other		
Unearned Income		
SSI		
SSDI		
Social Security		
Pensions		
Food Stamps		
FIP		
Child support		
Alimony		
Unemployment		
Veterans' Benefits		
Workers' Comp		
Other income		
Total Earned		
Total Unearned		
Total Income		
List all Outstanding Bil	ls and Charge Accounts	

List all Outstanding	Bills and Charge Accounts
Company	Amount

Use back if necessary

This Application must be signed READ CAREFULLY

I understand that Chapter 252, <u>Code of Iowa</u>, 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:			