

To: General Assistance Applicant

From: General Assistance Director

Re: Documentation Needed to Support Application

- A. When applying for General Assistance, you must fill out the attached application and furnish copies of the following documents:
  - 1. Proof of Income. This can be last year's tax return, last 4 paystubs from employer, and/or letter from Social Security or DHS stating your monthly income from each source. All members of the household that are over the age of 18 need to provide proof of income. All members of the household that are over the age of 18 and are not currently employed must provide proof of registration with Workforce Development.
  - 2. Copy of bill that needs paid. If applying for rent, please provide the landlord's name and address on the application as well as a copy of the rental agreement. The General Assistance Director will get in contact with the landlord. Also provide a copy of the lease agreement.
- B. You must also sign the blank Release that is attached to the application.
- C. According to Ordinance No. 10, the General Assistance Director has five (5) days to make a decision in regards to the application. If further documentation/information is needed for the General Assistance Director to make a decision, you will be required to furnish said documents/information.
- D. Once the General Assistance Director is back in the office, contact, by phone and/or mail, will be made to the applicant. As stated above, additional material may need to be provided after the General Assistance Director has had the opportunity to review the application.

If you have any questions in regards to the attached information or the information stated above, please contact the General Assistance Director at 446-7494.

# Decatur County General Assistance Application

## Applicant Information

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Prior Last Name

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Have you applied for General Assistance before? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_  
Date Applied

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please list all members in your household relative and non-relative :**

Name	Relationship	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Residency Information

How long have you lived in Decatur County? \_\_\_\_\_

Have you lived outside of Decatur County in the past twelve months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to the question above, where did you live and for how long? ( Please list all addresses until you have established a 12 month residency.)

City and County	Dates
_____	_____
_____	_____
_____	_____
_____	_____

### Income Information

*(Income and resources from relative **and** non-relative household members)*

Name	Employer	Hourly Wage	Weekly Pay	
			Gross	Net

Approximate Total (Gross) Income for the past 12 months \$ \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered no to the above question, are you currently registered at a Job Service/Workforce Development Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please check any of the following income types that you are currently receiving.**

Monthly Income	Applicant Amount	Others Amount	Miscellaneous
Unemployment Compensation			
FIP			
Social Security			
Social Security Disability			
SSI			
Vetrans Benefits			
Pension or Retirement Fund			
Alimony / Settlement Payments			
Child Support Payments			
Public Assistance Payments			
Railroad Pension			
Dividends, Interest, Trust, Etc.			
Food Stamps			
Other			

### Resources/Assets/Investments Information

*(Income and resources from relative **and** non-relative household members)*

Type	Bank/Trustee/Company	Applicant Amount	Others Amount	Miscellaneous
Cash				
Checking Account				
Savings Account				
CD's				
Stocks/Bonds				
Trust Funds				
Vehicles				Year:      Owed:
Real Estate				Value:      Owed:
Other property assets				
Rental Property				
Burial Fund/Trust				
Other				

**Have you applied for any of the following benefits?**

- \_\_\_\_\_ Unemployment Compensation
- \_\_\_\_\_ Social Security Disability
- \_\_\_\_\_ SSI
- \_\_\_\_\_ FIP (AFDC)

- \_\_\_\_\_ Veterans Benefits
- \_\_\_\_\_ Emergency Assistance (DHS)
- \_\_\_\_\_ LIHEAP
- \_\_\_\_\_ Food Stamps

**What is the status of any such application?**

\_\_\_\_\_ Approved, but not started      \_\_\_\_\_ Denied      \_\_\_\_\_ Pending

### Insurance Information

Please indicate any insurance or medical coverage all persons in the household have.

Type of Coverage	Policy or Number/Company	Persons Covered	Miscellaneous
<b>Title 19</b>			
<b>Medicare</b>			
<b>Medicaid</b>			
<b>Medically Needy</b>			
<b>Private Insurance</b>			
<b>Life Insurance</b>			Value:
<b>None</b>			

### Liabilities and Expenses

*(List last date paid and amount)*

Type	Total Owed	Monthly Payment (Approximate)	Miscellaneous
<b>Mortgage</b>			
<b>Rent</b>			
<b>Utilities</b>			
<b>Loans</b>			
<b>Child Support</b>			
<b>Alimony</b>			
<b>Liens/Taxes</b>			
<b>Medical Bills</b>			
<b>Other</b>			

Please list specific assistance requested:

Type	Amount	Payable To	Miscellaneous
<b>Rent</b>			
<b>Mortgage</b>			
<b>Shelter</b>			
<b>Water</b>			
<b>Electric</b>			
<b>LP</b>			
<b>Medical</b>			
<b>Clothing</b>			
<b>Gasoline</b>			
<b>Food</b>			
<b>State Papers</b>		<b>University of Iowa Hospital</b>	
<b>Other</b>			

**Comments:**

The Board of Supervisors requires this Affidavit of Financial Condition to help determine your need for financial assistance and to help us refer you to other State and Federal programs. Failure to complete all information can result in your application being delayed or denied.

Decisions which are made in your situation by the General Assistance Director are subject to appeal to the:

Decatur County Board of Supervisors  
Courthouse  
Leon, Iowa 50144

This can be done in writing or in person.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature of Applicant (or legal guardian)

\_\_\_\_\_  
Date

*Your signature on this application is authorization for Community Services staff to verify any information contained in this document. The answers from information that you provide on this application give us the facts we need in order to decide if you are eligible for General Relief Assistance. You may be required to sign an Authorization for Release of Information in order that further verification of information may be made.*

**Prohibition Against Discrimination**

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political belief

**ITEMS YOU NEED TO BRING WITH YOU TO THE INTERVIEW**

- ✓ Verification of income for all members of the household. Pay stubs for the past 30 days. If self employed, bring home records or Income Tax Return.
- ✓ If requesting rent assistance bring landlord’s name, address, social security number and eviction notice, if applicable.
- ✓ If requesting assistance with utilities, bring COMPLETE utility bill.
- ✓ Doctor’s statement that you are unable to work if you are considered disabled.
- ✓ Verification from Job Service that all members who are required to register for work have done so.
- ✓ IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE LET US KNOW.

**County Burial**

**Any money, whether or not known of at the time this application is signed, will be turned over to Decatur County General Assistance.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**