



### 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?**

- |   |   |
|---|---|
| <input type="checkbox"/> Unemployment Compensation  | <input type="checkbox"/> Veterans Benefits          |
| <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> Emergency Assistance (DHS) |
| <input type="checkbox"/> SSI                        | <input type="checkbox"/> LIHEAP                     |
| <input type="checkbox"/> FIP (AFDC)                 | <input type="checkbox"/> 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
Mortgage			
Rent			
Utilities			
Loans			
Child Support			
Alimony			
Liens/Taxes			
Medical Bills			
Other			

Please list specific assistance requested:

Type	Amount	Payable To	Miscellaneous
Rent			
Mortgage			
Shelter			
Water			
Electric			
LP			
Medical			
Clothing			
Gasoline			
Food			
Other			

*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 Veterans Affairs Administrator are subject to appeal to the:

Decatur County Veterans Affairs Board  
201 NE Idaho Street  
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 Veterans Affairs County 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 Veterans Affairs.**

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

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