## **Application for Jasper County General Assistance**

Name:	Age	Co Applican	t	Age
Address:		City	Phone	
What are you applying	g for? Rent Utili	ties Rxs Other		
Do you have an evict	ion notice or disconnec	ct notice? No Y	es (Required for the	ose able to work)
Is anyone in your hou	usehold a veteran? 🗌 1	No 🗌 Yes		
Is everyone in your h	ousehold a US citizen?	? ☐ No ☐ Yes		
List all persons living	g at present residence (l	Include yourself)		
Name	Relationship	Social Security #	Birth date	Place of Birth
	Head of Household			
	usehold presently empl	oyed? 🗌 No 🗌 Yes		
Name	Emplo	oyer/Address of Empl	loyer	Monthly Income
When and where did (Applicants unemploy  Is anyone in your hound that any hound that anyone in your hound that any ho	this person last work?_ wed will need to fill out usehold currently on str	a job search form or no rike?  No Yes the last 60 days?  No	ootice of incapacity)  O \( \sum \text{Yes} \)	
Has anyone moved in	nto or out of your home	e in the last 30 days? L	」No∟⊥Yes Who	) {

Resources

Complete this form including everyone in your hor

Complete this form incli								
	Yes	N	No A	Amount	Loca	ation		Names of Persons
Cash								
Checking Acct								
Savings Acct								
Online Acct								
IRA/CD's/Bonds								
Debit Card (ReliaCard)								
Stocks/Trust								
Burial Contract								
Life Insurance								
Real Estate (property)								
Other								
Do you or anyone in you Make		sehold o <b>Model</b>	wn cars	s, trucks, l	ooats, car <b>Yea</b> i		s, or ot	her vehicles?  Amount Owed
IVIAKE	T	viouei			1 ea		T	Amount Oweu
	_							
	_							
Where have you lived postart Mo/Yr End Mo		=	rrent res					State
Have you applied for all	other	types of	`benefi1	ts for whi	ch vou m	av be eligible?		
Program		oplied	Appr		Denied	Amount / Or re	ason f	or denial
SSDI or SSI (disability)		. <b>1</b>						
FIP								
Medical								
Veterans' Benefits								
Unemployment Benefits								
Heating Assistance								
Food Stamps								
•				.1 1	2.7	0 :10	•,	
Have you received any l ☐ NO ☐ Yes	-			-	•		•	,
Amount				Wh	en Recei	ved		
Have you ever had a dia						ally ill, Mentally I	Retarde	ed, Developmentally

**Monthly Expenses** 

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

<b>Monthly Income</b>		
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		
	4.04	
List all Outstanding Bills	•	
Company	Amount	
	i	

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 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, Social Security Administration, and Child Support Recovery to verify my circumstances, including income, resources and benefits. I authorize the Director to contact IMPACT, Salvation Army, Veterans Affairs, United Way and local faith communities to share information regarding my application and to coordinate services between those agencies.

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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 F	Referred	
Date:		
NOD:		
Reason:		