

JACKSON COUNTY GENERAL ASSISTANCE

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Assistance Application - Rent, Utilities, Food

Please read the application in its entirety before applying for assistance.

Assistance

In accordance with Iowa Code Section 252, County General Assistance provides short-term monetary assistance to indigent residents lawfully in the county who are ineligible for or are in immediate need and are awaiting approval and receipt of, assistance under programs provided by state or federal law, or whose actual needs cannot be fully met by the assistance furnished under those programs.

Assistance through Jackson County is a last resort and may only be utilized after all other resources have been exhausted.

Jackson County does not subsidize other state or federal programs individuals already qualify for.

What Assistance may be Available?

Partial rent payment (notice of late payment or eviction notice required)

Current utility bill (disconnect notice required)

Cremation / Burial (payment for services must be accepted by provider)

Jackson County assistance *may* be available when no other resources or assistance is available.

- ✓ Resources include but are not limited to assistance from family members, sale of assets, Social Security, Veteran Benefits, other public assistance including LIHEAP, SNAP, FIP, etc.
- ✓ Applicants must apply for any other local, state, or federal programs for which you may be eligible first. Jackson County does not subsidize other programs any individual already qualifies for.
- ✓ Jackson County is the payee of last resort, public assistance may be approved only when all other options have been utilized or exhausted.
- ✓ Income must be within General Relief Program income standards.
- ✓ Applicant must be a resident of Jackson County as defined by Iowa Code § 331.394.
- ✓ Applicants must be at least 18 years of age or emancipated minor.
- ✓ Jackson County may recover any assistance provided by Iowa Code § 252.13.

Application and supporting documentation are required to process an assistance application. Be prepared to submit online or bring the required documents into the General Assistance Office. Applications submitted without all required documentation will be considered withdrawn after ten (10) days if all required documentation is not received.

To apply for assistance:

- Fill out the application in its entirety. Skipping information may delay the process or result in denial of assistance. If a section does not apply, mark N/A.
- Gather all required documentation as indicated and upload them with online application, or bring documents into the General Assistance Office.
- Call to schedule an appointment to review application and documentation, 563-652-1710.

Please call for more information or if you have any questions.

Jackson County General Assistance

311 W Platt Street

Maquoketa, IA 52060

Phone: 563-652-4246

Required Verification Documentation

The following required documents **must be submitted** with your application. Applications will be reviewed when all required documentation is received by the General Assistance Office.

1. Identification
 - Photo ID or driver's license of applicant
 - Social Security number for each member living in the immediate household
2. Statements, current month showing transactions to date and one full month prior for all
 - Checking accounts
 - Savings accounts
 - Direct express account transactions
 - Wisely account transactions (Sec, 8 utility allowance)
 - Your transaction history and recent transactions are available when you log into your account on the free myWisely mobile app, or at myWisely.com. If you do not have online access, you may contact Cardholder Services to request your transaction history.
 - Any P2P account including Cash App or any equivalent
 - In-app: Tap the Profile icon, select Documents, then Account Statements
 - Website: Log in at cash.app/account, click Documents, then Account statements
3. Written proof of household gross income for prior eight weeks, including but not limited to:
 - Employment wages (pay stubs or employer statement of earnings)
 - Social Security (SSI, SSDI)
 - Child support
 - Alimony
 - FIP
 - SNAP
 - Section 8 Housing allowances
 - Pension
 - Unemployment
 - Worker's compensation
 - Money provided by family or friends.
 - Other "odd jobs for cash" require submission of self-employment income statement form
 - Self-employed, last year's tax return is required and income received eight weeks prior to application date using the self-employment income statement form
4. If not currently employed:
 - Job Search Verification Form is required
 - Proof you are registered with the nearest staffing agency
 - Proof you are registered with Iowa Workforce Development
 - Incapacity to Work Form is required if you are disabled (permanently disabled or temporary disabled) and are not receiving Social Security Disability Income
5. If applying for utilities: * *Jackson County does not assist with utility deposits or re-connect fees*
 - Disconnect notice
 - Most recent utility bill.
6. If applying for rent: * *Rent cannot be paid to relatives* ** *Jackson County does not assist with deposits, first or last month rent*
 - Eviction notice
 - Lease
 - Landlord Verification Form

Jackson County does not subsidize any other state or federal programs individuals already qualify for.

Application for Assistance

GA # _____

Application Received Date: _____

 Approved Denied NOD Sent

This space for office use only

APPLICANT

Last Name	First Name	MI	Maiden/Other Names Used	US Citizen?	Veteran?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Security Number	Date of Birth	Gender	Marital Status
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Address	City	State	Zip Code

How long have you lived at this address:	Telephone Number	Email Address

Ethnicity: White African American Native American Hispanic Other _____**SPOUSE**

Last Name	First Name	MI	Date of Birth	Social Security No.	US Citizen?	Veteran?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ethnicity: White African American Native American Hispanic Other _____**All other members of the household:**

Name	Relationship	Date of Birth	Social Security Number	Employed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Current Employer**Spouse Current Employer**

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If Applicant not employed, why not?

If Spouse not employed, why not?

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Last Date Worked Last Check Date Quit Voluntarily? Last Date Worked Last Check Date Quit Voluntarily?

		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently receiving assistance from any other community agencies? Yes No

What for? _____ Amount(s) \$ _____

Have you received assistance from any other community agency in the last three months? Yes No

What for? _____ Amount \$ _____

Do you receive subsidized housing? Yes No How much per month? _____

Utility allowance received above rent per month \$ _____

If you are seeking **RENTAL** assistance (landlord verification form, lease agreement and eviction notice required)

Are you currently being evicted? Yes No

How much is your monthly rent? \$ _____ Do you owe back rent? \$ _____

Who is your landlord? _____ Are you related? Yes No

If you are seeking **ELECTRIC** utility assistance (most recent bill and disconnect notice required)

Is your service already disconnected? Yes No

Do you have a disconnect notice? Yes No

Amount of current bill due \$ _____

Amount of past due \$ _____

Who is your service provider? _____

If you are seeking **WATER** utility assistance (most recent bill and disconnect notice required)

Is your service already disconnected? Yes No

Do you have a shut off notice? Yes No

Amount of current bill due \$ _____

Amount of past due \$ _____

Who is your service provider? _____

If you are seeking **GAS** utility assistance (most recent bill and disconnect notice required)

Is your service already disconnected? Yes No

Do you have a shut off notice? Yes No

Amount of current bill due \$ _____

Amount of past due \$ _____

Who is your service provider? _____

Household Vehicles

Year	Make	Model	Estimated Value	Amount Owed
			\$	\$
			\$	\$

MONTHLY GROSS WAGES	Applicant	Others in Household	Others in Household
Employment wages & tips	\$	\$	\$
Social Security - SSDI / SSI	\$	\$	\$
SNAP (food assistance)	\$	\$	\$
FIP (family investment program)	\$	\$	\$
Veteran Benefits	\$	\$	\$
Unemployment	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Retirement Income	\$	\$	\$
Other (monthly dividends, interest)	\$	\$	\$
Other resources (stocks, bonds, trust funds)	\$	\$	\$
Assistance from Family or Friends	\$	\$	\$
Income tax refund within the last 90 days	\$	\$	\$

CURRENT RESOURCES

Cash on Hand	\$	\$	\$
Checking Account, balance to date	\$	\$	\$
Savings Account, balance to date	\$	\$	\$
Direct Express Card Account balance to date	\$	\$	\$
Wisely (Sec 8) Card Account balance to date	\$	\$	\$
P2P Account balances (Cash app, etc.)	\$	\$	\$

MONTHLY LIVING EXPENSES

Rent	\$	\$	\$
Water/Sewer	\$	\$	\$
Heat (Gas/Electric/LP)	\$	\$	\$
Electricity	\$	\$	\$
Internet/Cable	\$	\$	\$
Telephone	\$	\$	\$
Medical Insurance	\$	\$	\$
Vehicle Payment	\$	\$	\$
Auto Insurance	\$	\$	\$
Other Expenses	\$	\$	\$

Did you have any other unexpected expenses that occurred over the last 60 days that contributed to you needing to apply for assistance?

Explain	Amount

Please provide any other information to explain your situation that will assist us in considering your application:

Authorization
Read carefully before signing

I understand by accepting any relief assistance from the Jackson County General Relief Department that I may be required to repay the full amount of any assistance granted, if or when I am able to do so, and that failure to do so shall result in denial of future assistance *Iowa Code §252.13*.

I understand that the information I provide to Jackson County is used to determine my household's eligibility for General Assistance. This information will be kept confidential as it is required by Iowa law except to the extent that I authorize its use. I hereby authorize the Jackson County General Assistance Department to release the information I have provided, including use of my social security number, for the purpose of checking the accuracy of the information I have provided, to verify my income as reported and for any means necessary to determine my eligibility for General Assistance. I also authorize the Jackson County General Assistance Department to contact for information and/or inform vendors to who assistance would be paid on my behalf, including my landlord, whether my application for assistance has been approved or denied.

I hereby authorize Jackson County General Assistance to release the information I have provided (including use of social security numbers) for the purpose of checking the accuracy of information contained on this application, by contacting any local, state or federal government agency, private business, church, firm, agency, any financial institution.

In addition, I hereby authorize all previously named agencies and persons as well as all persons (doctors, employers, Department of Human Services (DHS), other Relief or Veterans Affairs Offices, banks, etc.) to release confidential information to Jackson County General Assistance if it deems such information necessary to aid in the assistance application process. This release is valid for one (1) year from the date of signature.

I solemnly swear that the statements I have made are true and correct to the best of my knowledge and belief. I am aware that it is unlawful to give false information. I understand that any willful misrepresentation of the information provided may result in denial of assistance as well as court action against those persons who have fraudulently participated in the General Assistance Program.

, Applicant

Date:

, Director / Intake Officer

Date: