

Application for Jackson County General Assistance

Applicant Last Name _____ First Name _____ MI _____ Maiden / Other Names Used _____

Social Security No. _____ Date of Birth _____ / _____ / _____ Male Female Marital Status _____

Spouse Last Name _____ First Name _____ Date of Birth _____ / _____ / _____ Social Security No. _____

Applicant Telephone Number _____ Email Address _____

Present Address: _____
Street City State Zip

How long have you lived at this address? _____

Are you a Veteran? Yes No If applicable, is your spouse a Veteran? Yes No

Are you a U.S. citizen? Yes No If No, are you a permanent resident? Yes No

Ethnicity: White African American Native American Hispanic Other _____

Are you currently employed? Yes No Employer: _____

If no, why? _____

Last day worked: _____ Date last check received: _____

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 \$ _____

What kind of assistance do you need?

Water Amount \$ _____ Billing Month _____ Disconnect Notice Received Yes No

Electricity Amount \$ _____ Billing Month _____ Disconnect Notice Received Yes No

Heat / Gas Amount \$ _____ Billing Month _____ Disconnect Notice Received Yes No

Other Explain: _____

* **Rent** Amount \$ _____ Billing Month _____ Eviction Notice Served Yes No

Do you receive subsidized housing? Yes No Is your landlord a relative? Yes No

*** Landlord Verification Form and Lease Agreement Required**

List all other members of the household:

Name	Relationship	Date of Birth	Soc Sec No.	Employed?
_____	_____	____ / ____ / ____	____ - ____ - ____	_____
_____	_____	____ / ____ / ____	____ - ____ - ____	_____
_____	_____	____ / ____ / ____	____ - ____ - ____	_____
_____	_____	____ / ____ / ____	____ - ____ - ____	_____
_____	_____	____ / ____ / ____	____ - ____ - ____	_____
_____	_____	____ / ____ / ____	____ - ____ - ____	_____

Has anyone in the household voluntarily quit a job or been fired in the last 90 days? Yes No

Who _____ Why _____

Household Monthly Resources

Applicant

Others in Household

	Applicant	Others in Household
Employment wages & tips	\$ _____	\$ _____
Social Security / SSDI / SSI	\$ _____	\$ _____
SNAP	\$ _____	\$ _____
FIP	\$ _____	\$ _____
Veteran Benefits	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Child Support / Alimony	\$ _____	\$ _____
Assistance from Family or Friends	\$ _____	\$ _____
Income tax refund within the last 90 days	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
Other (dividends, interest, etc.)	\$ _____	\$ _____

Household Resources

Applicant

Others in Household

	Applicant	Others in Household
Cash on hand	\$ _____	\$ _____
Checking Account Balance	\$ _____	\$ _____
Savings Account Balance	\$ _____	\$ _____
Other (stocks, bonds, trust funds)	\$ _____	\$ _____

Monthly Living Expenses

Amount

Rent	\$ _____
Water/Sewer	\$ _____
Heat (Gas/Electric/LP)	\$ _____
Electricity	\$ _____
Internet/Cable	\$ _____

Telephone	\$
Vehicle Payment	\$
Auto Insurance	\$
Medical Insurance	\$

Household Vehicles

Year	Make	Model	Amount Owed	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 on this application form, (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, including but not limited to Operation New View, YWCA DV/SA Resource Centers of Jackson & Clinton Counties.

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 aide 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: _____

_____, Co-Applicant Date: _____

_____, Director / Intake Officer Date: _____