



HUMAN RESOURCE &
GENERAL ASSISTANCE OFFICE

201 W Platt Street
Maquoketa IA 52060



BECKI CHAPIN

Director

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APPLICATION FOR EMERGENCY RENT OR UTILITY ASSISTANCE

Please read this entire page before starting the application

Is the Applicant a Veteran? Stop and contact the Veteran's Affairs Office at 563-652-0070

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.
- ✓ Applicant must apply for any other local, state, or federal programs for which you may be eligible first.
- ✓ 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 unless an exception is granted.
- ✓ Applicant must be a resident of Jackson County as defined by Iowa Code § 331.394
- ✓ Applicant must be at least 18 years of age or emancipated minor.
- ✓ Jackson County may recover any assistance provided by Iowa Code § 252.13

Information and documentation is **required** to process an assistance application. Be prepared to 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 Applications submitted without all required documentation will be considered withdrawn after ten (10) days if all required documents are not received.

Documents Required

- Photo ID of applicant.
- Photo ID of co-applicant, if applicable.
- If ID does not have current address, other proof of is residency required.
- Social Security card of applicant and all members of the household.
- Proof of last 30 days monthly household income.
- Social Security award letter(s), if applicable.
- DHS Notice of SNAP award letter, if applicable.
- Proof of Veterans Benefits, if applicable.
- Bank Statements for all checking accounts to include balance to date plus one full statement prior.
- Bank Statements for all savings accounts to include balances to date plus one full statement prior.
- Lease Agreement, if applying for rent assistance.
- Landlord Verification Form, if applying for rent assistance.
- Applicable utility bill(s) and any disconnect notices.
- Incapacity to Work Form, if applicable

To apply for assistance:

- Fill out the application in its entirety. Skipping information may delay the process or result in denial of assistance.
- Gather all required documentation as indicated and be prepared to bring documents into the General Assistance Office. *Applications unaccompanied by all required documentation will be considered withdrawn if all required documentation not received within ten-days of application receipt.*
- Call to schedule an appointment to review application and documentation, 563-652-1710.

Complete eligibility and assistance rules and regulations are found in the General Assistance Policy

Application for Emergency Assistance

GA # _____

Jackson County General Relief
201 W Platt Street, Maquoketa, IA 52060
Phone: (563) 652-1710 Fax: (563)-652-1797
Emal: bchapin@jacksoncounty.iowa.gov

Application Received Date: _____ Approved Denied NOD Sent

This space for office use only

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
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
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 to Release - Read before signing

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 whom 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 that information by contacting any local, state or federal government agency, private business, church, firm, agency, any financial institution, Operation New View, YWCA DV/SA Resource Centers of Jackson & Clinton Counties and

I also authorize Jackson County General Assistance to inform all vendors to whom assistance would be paid on my behalf, including my landlord, whether my application has been approved or denied.

In addition, I hereby authorize all the 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: _____

Agreement to Repay – Read 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 giving false information in this application and/or to the General Assistance staff is unlawful, can be considered fraud and may be referred to the Jackson County Attorney for court action. It may also result in my becoming permanently ineligible for future assistance. Also, giving false information on this application or to the General Assistance staff, or refusing to provide requested information, may result in denial of assistance and being ineligible for more assistance for one (1) year.

I understand that according to the Code of Iowa, my estate may be subject to recovery by the county for assistance granted. I further understand that my homestead may be subject to recovery by the county for assistance granted in if there is no surviving spouse or child as defined in Iowa Code §234.1.

_____, Applicant Date: _____
_____, Co-Applicant Date: _____
_____, Director / Intake Officer Date: _____