

**HENRY COUNTY VETERAN'S AFFAIRS
GENERAL ASSISTANCE APPLICATION
106 N. Jackson, Mt. Pleasant, IA 52641
319-385-0790 Fax: 319-385-8016**

Name: _____ Date: _____

Address: _____ Phone: _____

Type of help needed: _____

Social Security Number: _____ Birth date: _____

Military Service Branch: _____ Dates of Service: _____

How long have you lived in Henry County? _____ Where did you live before? _____ How long? _____

List EVERYONE in your household:

	Name	Birth date	Relationship
1.			
2.			
3.			
4.			
5.			

Marital Status: Married Single Separated Divorced Widowed

Do you have Medical Insurance? Yes No Company: _____

Do you have Life Insurance? Yes No Company: _____

Do you have Title XIX? Yes No

Are you receiving Veteran's Medical Benefits? Yes No

EMPLOYMENT:

Applicant employed by: _____

Last employed by: _____
 Discharged Laid off Date: _____ Reason: _____

Spouse employed by: _____

Last employed by: _____
 Discharged Laid off Date: _____ Reason: _____

Dependents employed by: _____

INCOME:

Please provide proof of any income in the last 30 days for any adults in your home.

Last year's net income \$ _____

Source of Income	Amount	How often Received	Person receiving income
Veteran's Benefits	___ Yes ___ No		
Self Employment	___ Yes ___ No		
Employment (net wages)	___ Yes ___ No		
Unemployment Benefit	___ Yes ___ No		
Workman's Comp.	___ Yes ___ No		
Social Security	___ Yes ___ No		
SSI	___ Yes ___ No		
Pension or Compensation	___ Yes ___ No		
Private Earnings	___ Yes ___ No		
Disability Payment	___ Yes ___ No		
Child Support	___ Yes ___ No		
Regular Cash			
From Relatives	___ Yes ___ No		
Room & Board Pmts.	___ Yes ___ No		
F.I.P.	___ Yes ___ No		
Food Stamps	___ Yes ___ No		
I.P.E.R.S.	___ Yes ___ No		
All Other Income	___ Yes ___ No		

Every source must be checked above.

EXPENSES:

Food \$ _____ Rent \$ _____ House payment \$ _____
 Heating \$ _____ Electric \$ _____ Phone \$ _____
 Water \$ _____ Car payment \$ _____ Insurance \$ _____
 Medical: doctor \$ _____ hospitals \$ _____ medication \$ _____
 Loans \$ _____ Charge accounts \$ _____ Other \$ _____

RESOURCES:

Cash on Hand \$ _____ Stocks, bonds, etc. \$ _____
 Checking Account \$ _____ Real Estate \$ _____
 Savings Account \$ _____ Vehicles \$ _____ year _____ make _____ model _____

I understand I assume full responsibility for the accuracy of the statements on this form, and I understand the Veteran's Affairs office will use these statements to determine my eligibility for general assistance.

I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons to release any information to document this information given in this application. I also authorize the Veteran's Affairs office to release pertinent information while seeking to benefit my welfare. Release to be effective for sixty (60) days.

Signature of Applicant

Date