

JACKSON COUNTY GENERAL ASSISTANCE

Becki Chapin, Director
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Application Guidelines

In addition to other policy requirements, in order to be eligible for General Assistance you must:

- Reside in Jackson County
- Be over 18 or an emancipated minor
- Meet income and eligibility guidelines
- Apply first for any state or federal programs for which you may be eligible (FIP, food stamps, etc.)

**Are you a veteran? If yes you must first apply and provide a Jackson County Veteran Affairs Notice of Decision.
IF YES, STOP AND CALL THE VETERANS' AFFAIRS OFFICE FIRST AT 563-652-0070**

Requirements:

- General Assistance application must be completed in its entirety, incomplete applications will be denied.
- Photo Identification or social security card for everyone living in the home.
- Documentation of **all income** for everyone living in the home, including:
 - Pay stubs or signed wage statement from employer for the past 8 weeks.
 - Bank statements and saving statements (or printouts) for current month to date plus one month prior.
 - Social Security benefit award or denial letter.
 - Notice of Decision from Department of Human Services showing benefit amounts or denial of benefits for FIP / Food Stamps. Provide notice of appointment letter if no decision has been made yet.
 - If you have received a tax refund within the last 90 days, tax returns are required.
- If unemployed, have a pending unemployment claim and/or are currently receiving unemployment benefits, you will need an informational form (White Sheet) from the Iowa Workforce Development Center
- If unable to work due disability, proof of disability or pension benefits.
- If you are applying for SSI or SSDI you must provide verification of your SSI / SSDI application and current status of that claim.
- If you are applying for utility assistance provide most recent utility bill and any disconnection notices received. If you are on a payment plan bring a copy of that plan. Utility bills must be in the name of the applicant.
- If you are applying for rent assistance, bring a copy of your lease and any late payment or eviction notices received. Lease must be in the name of the applicant. Landlord Verification Form may be submitted in lieu of lease.
- If you are applying for rent assistance, Landlord must provide Form W9, Request for Taxpayer ID Number.

When you have the application completed and all required documentation gathered call to make an appointment. Appointments will not be accepted until you have all of the above required documents.

Jackson County General Assistance does not assist with:
Rental deposits or back rent, old utility bills, utility deposits or reconnect fees.
We may be able to refer you to other resources.

Office Hours: Monday – Friday 8:30 a.m. – 4:00 p.m. by appointment only.

If you are in need of emergency assistance after regular business hours, please call 211 to be connected with the local Red Cross answering service.

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GENERAL ASSISTANCE APPLICATION

For Office Use Only

Client ID: _____

Date Received by Office: _____

Applicant(s) Information:

Legal Full Name:	Birth Date:
Previous/Maiden Name(s)	SSN:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you in the country legally? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City: State: Zip:
Email Address:	Phone Number:
How long have you lived in Jackson County?	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: (check one): <input type="checkbox"/> Single / Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Spouse, if any: Name:	Birth Date:
Spouse SS#	Is spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Assistance Needed: <input type="checkbox"/> Rent <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Heat (Gas/Electric/LP) <input type="checkbox"/> Food <input type="checkbox"/> Other	
Have you gotten assistance from Jackson County before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	

Household Information (others besides self and spouse named above):

Name	Relationship	Date of Birth	Social Security Number

Employment Information (Applicant):

Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Employer:
If no, why?	
Are you able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	
Have you left your job within the past 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Why? <input type="checkbox"/> Lay off <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Terminated / Fired <input type="checkbox"/> Health	Date:
Explain:	

Employment Information (Spouse):

Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Employer:
If no, why?	
Are you able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	
Have you left your job within the past 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Why? <input type="checkbox"/> Lay off <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Terminated / Fired <input type="checkbox"/> Health	Date:
Explain:	

Housing Information:

Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own	Landlord Name:	Phone:
Landlord Address:	Are you related to your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Financial Information:

Household net income (take home pay) for the last 30 days:	Head of Household	Other in household Name:	If you have applied and are awaiting approval , enter date applied here:
Monthly Employment wages & tips:	\$	\$	
Family Investment Program (FIP):	\$	\$	
Food Assistance (SNAP):	\$	\$	
Retirement Social Security:	\$	\$	
Social Security Disability Insurance (SSDI):	\$	\$	
Supplemental Security Income (SSI):	\$	\$	
Survivor Benefits:	\$	\$	
Veterans Benefits:	\$	\$	
Retirement Pension:	\$	\$	
Unemployment Insurance Benefits (UIB):	\$	\$	
Child Support/Alimony:	\$	\$	
Workers Compensation:	\$	\$	
Short/Long Term Disability:	\$	\$	
Tax refund (if within last 90 days):	\$	\$	
Balance on Prepaid card:	\$	\$	
Rent paid to You	\$	\$	
Other:	\$	\$	
Total Monthly Income:	\$	Notes:	

Household Resources:

	Amount	Bank, Trustee or Company
Cash	\$	
Checking Account	\$	
Savings Account	\$	
Certificate of Deposit (CD)	\$	
Stocks Bonds (cash value)	\$	
Burial Fund/Life Insurance (cash value)	\$	
Retirement Funds (cash value)	\$	
Trust Funds	\$	
Other:	\$	
Total Resources:	\$	Notes:

Do you own, or are you buying your home, a farm, any land or real estate building or property? Yes No

If yes, what specifically:

Current Fair Market Value \$ _____ How much do you owe? \$ _____

List all motor vehicles, including cars, trucks, motorcycles, recreational vehicles, boats, etc.:

Year _____	Make: _____	Model: _____	Estimated Value: \$ _____
Year _____	Make: _____	Model: _____	Estimated Value: \$ _____
Year _____	Make: _____	Model: _____	Estimated Value: \$ _____
Year _____	Make: _____	Model: _____	Estimated Value: \$ _____

Monthly Living Expenses:

	Payment Amount	Paid to Whom	Included in Rent?
Mortgage	\$		
Rent	\$		
Water/Sewer	\$		
Heat (Gas/Electric/LP)	\$		
Electricity	\$		
Trash	\$		
Telephone(s)	\$		
Internet (Cable/DSL/Satellite)	\$		
Car/Truck Payment	\$		
Auto Insurance	\$		
Health Insurance Are you covered by Title XIX or Medicare? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$		
Other Loans	\$		
Credit Card Debt	\$		

Other Assistance:

Have you applied anywhere else for assistance in the past three (3) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	Did they assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No
With?	Amount(s) \$

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 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.

 (Signature of Applicant)

Date

 (Signature of Co-Applicant)

Date

 (Signature of Director or Intake Officer)

Date

Jackson County General Assistance shall not discriminate against any person because of race, color, religion, creed, sex, sexual orientation, gender identity, age, national origin, genetic information, disability, or veteran or military status.

AGREEMENT TO REPAY

I understand that by signing this Agreement to Re-pay, and accepting any relief assistance from 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.

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 Section 234.1.

(Signature of Applicant)

Date

(Signature of Co-Applicant)

Date

(Signature of Director or Intake Officer)

Date

AUTHORIZATION TO RELEASE INFORMATION

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 of 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.

(Signature of Applicant)

Date

(Signature of Co-Applicant)

Date

(Signature of Director or Intake Officer)

Date