

MONROE COUNTY COMMUNITY SERVICES

1801 South B Street
Albia, Iowa 52531

Phone (641) 932-2427
FAX (641) 932-2578

DIRECTOR
Katie Fisher

GENERAL ASSISTANCE APPLICATION

Name _____ **Date** _____

Address _____ **Phone** _____

What assistance are you applying for? _____

HOUSEHOLD INFORMATION (INCLUDING YOURSELF):

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY #</u>	<u>RELATIONSHIP</u>

PERSONAL INFORMATION:

Are you your own guardian: Yes No If Not, who: _____

I am presently: Single Married Divorced Widowed Separated Other : _____

Are you or your spouse a veteran: Yes No Enlist Date: _____ Discharge date: _____

Discharge: _____ Explanation: _____ Branch: _____

How long have you lived in U.S: _____ Iowa: _____ Monroe County: _____

If less than one year, what other counties have you lived in: _____

Have you ever received General Assistance from Monroe or another county: _____

HOUSING INFORMATION:

Do you own your home: Yes No Are you buying: Yes No

Do you rent: Yes No Landlord name? _____

Landlord Address: _____

Landlord Phone #: (____)-(____)-(____)

Are you *related* to your landlord: Yes No If yes, How: _____

EMPLOYMENT INFORMATION:

Employed: Yes No Where: _____ If not, explain why: _____

If not employed, date of last employment: _____ Where: _____

If disabled, when was determination of disability: _____

Reason for leaving employment: Health Terminated Voluntary Quit Laid-off

Business Closed Seasonal Employment Other: _____ Other: _____

Is your spouse employed: Yes No Where: _____ If not, explain why: _____

Any other members over 18 of household employed: Yes No Where: _____

If not, explain why: _____

Are you/other family member registered at Workforce Development if not employed: _____

Which Work Development Office: _____ Are you registered online: _____

HEALTH INFORMATION:

If can not work for health reasons, can you provide a physicians note: Yes No

Do you have medical coverage: Yes No Company? _____

Additional medical coverage information: _____

Do you have life insurance: Yes No

Is there a Cash Value: _____ Can you borrow against the policy: Yes No

OTHER INFORMATION:

Have you applied anywhere else for assistance: Yes No

If yes, where and determination: _____

Have you recently been incarcerated: Yes No

If so, please explain: _____ Where: _____ Dates: _____

Have you had any recent court fines (traffic, criminal, etc.): Yes No

If yes, please explain: _____ Amount: _____ Where: _____

If applying for burial/funeral, was Director contacted prior to Funeral: Yes No

If yes, does the deceased have the following relatives still living:

Parents Children Grandparents Grandchildren

Name of Funeral Home making arrangements: _____

ASSETS:				
Type of Asset	Current Value	Amount you still owe	Amount of equity	Additional Information
Residence				
Other Real Estate & Property				
Vehicle #1-Include make & year				
Vehicle #2-Include make & year				
Boats, Motorcycles, Campers, Four-Wheelers, Snowmobiles, Trailers:				
Stocks, Bonds, CD's				
Trust Fund's:				
Other:				
Other:				
Cash on hand (report all): Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$ Comments:				
Burial Trust (if more than \$6,000 in value):	Is it cashable: Yes <input type="checkbox"/> No <input type="checkbox"/>		Value:	
Checking Account:	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$		Location:	
Savings Account:	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$		Location:	

LIABILITIES:		
To whom owed	Type	Balance
TOTAL LIABILITIES:		

NET WORTH:

TOTAL ASSETS (from above): \$ _____

TOTAL LIABILITIES (from above): \$ _____

NET WORTH: \$ _____

GROSS MONTHLY INCOME (Before Taxes-Last 30 days):

Your earned income:	Food Stamps:	Rent Reimb:
Spouses earned income:	Workman's Comp:	FIP/Other DHS:
Social Security Benefits:	Unemployment:	Loan Paymt's:
LIHEAP Award:	Pension/Retirement:	Insurance Paymt's:
Child Support:	Child Support?:	Other Agencies:
Stocks, Bonds, CD's:	Trust Funds:	Family/Friends:
Other:	Other:	Other:

HOUSEHOLD SIZE: _____ PERSONS

TOTAL MONTHLY INCOME: _____ YEARLY INCOME: _____

CURRENT MONTHLY EXPENSES (Last 30 days only):

Type of Expenditure	Amount
Rent or mortgage:	
Gas/Fuel:	
Phone:	
Electric:	
Water:	
Food:	
Monthly Medical (doctor, etc.):	
Health Insurance Premium-Name of insurer?:	
Prescriptions:	
Automobile (not to exceed \$200.00 monthly):	
Automobile Insurance-Name of insurer?:	
Misc. Household:	
Other:	
Other:	
TOTAL EXPENDITURES:	

If you have no income but have reported any expenses above, how do you pay your bills? Provide explanation for each of the bills you have reported as paid during the previous month. Explanation:

TOTAL MONTHLY INCOME (from previous section): _____

TOTAL MONTHLY EXPENDITURES (from above): _____

REMAINING AMOUNT (must be negative amount or zero to qualify): _____

QUALIFY: YES NO (If no, report reason on page 1)

**AUTHORIZATION FOR RELEASE OF INFORMATION
MONROE COUNTY GENERAL ASSISTANCE**

In order to verify your situation, we will be contacting the following agencies and individuals. Fill in the name and address where applicable.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
Job Service Re: Work Reg. & Activity			
Unemployment Ins. Office Re: Benefits			
Employers			
Employers			
Relatives (not in your household)			
Bank			
Food Stamps and/or FIP			
Charge Accounts			

I authorize the above individuals and/or agencies to release to the Monroe County General Assistance Office confidential information pertaining to the above listed information. I also herby forever release and discharge the above individuals and/or agencies and the Monroe County General Assistance Office from any liability for divulging such information whether such information is deemed confidential or not. A photo copy of this form shall be considered as acceptable as the original. This release is valid up to one year.

<p><u>AUTHORIZATION SIGNATURE:</u> "I have to the best of my ability given the above information truthfully. A false statement or incorrect statement on an application for assistance may be cause for denial for benefits. In addition, I also authorize the following Monroe County offices; Central Point of Coordination, Veterans Affairs, Public Health, Auditor, Treasurer, Attorney, Sheriff, and the Iowa Department of Human Services, Social Security Administration, UIHC, Iowa Workforce Development, SIEDA, Child Support Recovery Unit, other medical providers, landlords, utility providers, current or previous employers, probation, parole officers, or law enforcement officials to release confidential information concerning my personal situation to the Monroe County General Assistance office and/or Director if such information is deemed necessary. I understand that in order for information to be disclosed from the Monroe County General Assistance office and/or Director, a separate Authorization to Disclose information will be completed except for payment, treatment, or operations purposes where an authorization is not required. If any other persons not listed above have information that the General Assistance Director needs to process my request, a separate authorization to obtain information will also be completed."</p>		
<p>(Signature of Applicant or Representative)</p>	<p>(Date)</p>	<p>(If not applicant, relationship)</p>
<p>(Signature of Director or Designee)</p>		<p>(Date)</p>

CERTIFICATION STATEMENT - PLEASE READ CAREFULLY:

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand that Monroe County General Assistance will use these statements to determine my eligibility. If I provide false statements on this application, or give false statements to the Monroe County General Assistance worker, this can be considered fraud and may be referred to the Monroe County Attorney. I am also aware that giving false information or failure to provide information required for application will result in a denial of assistance and suspension of eligibility for one hundred eighty (180) days. I am aware that this Monroe County General Assistance information will be verified and investigated.

I am aware of my responsibility to report any changes in my income which is defined as: cash, gross wages, gross salaries, Social Security, pensions, rents, interest, FIP, cash payments, child support, unemployment or other monies available for the support of my household.

I am aware of my responsibility to report other assistance programs that have been applied for, the sale or purchase of any motor vehicles and any newly acquired or any changes in my bank accounts.

LEGAL CLAIM:

I understand that the Code of Iowa provides that "Any county having expended any money for relief or support of a poor person, under the provisions of this chapter, may recover the same from any of his kindred mentioned herein, from such poor person should he become able or from his estate; from relatives by action brought within two years from the payment of such expenses, from such person's estate by filing the claim as provided by law." (252.13)

Signature or mark of applicant (or legal guardian)

Date

DISPOSITION:

You will receive a decision as to the disposition of your application in writing within seven (7) working days unless more information is required. If you do not agree with the action of Monroe County General Assistance, you may appeal the decision.

APPEALING THE DECISION:

An appeal form is included in the Disposition Notice.