

GENERAL ASSISTANCE APPLICATION  
WARREN COUNTY

The program for which you are applying is a County funded program. The information on this form will be used in determining your eligibility for assistance. If you need help in completing any of the questions or certain items are unclear, please request assistance from local office staff. Your answers must be clear, complete, and accurate. You may attach a separate sheet for further detailed statements for answers to the questions.

|   |        |   |                      |
|---|--------|---|----------------------|
| First Name                                | Middle | Last  | Last 4 digits of SSN |
| Street Address                            | City   | State                                       | Zip Code             |
| Mailing Address (if different from above) |        | Telephone Number (where you can be reached) |                      |
| Email Address:                            |        |   |                      |

Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_  
 Are you a student? Yes \_\_\_\_\_ No \_\_\_\_\_ VETERANS STATUS (Are you a veteran?) Yes \_\_\_\_\_ No \_\_\_\_\_

List EVERYONE (including yourself) in your HOUSEHOLD for whom you are applying

| Name<br>First | Last | Date of Birth | Last 4 of<br>SSN | Schooling<br>Completed | Relationship to<br>Applicant | Occupation |
|---------------|------|---------------|------------------|------------------------|------------------------------|------------|
|               |      |               |                  |                        |                              |            |
|               |      |               |                  |                        |                              |            |
|               |      |               |                  |                        |                              |            |
|               |      |               |                  |                        |                              |            |

|  |                                    |
|--|------------------------------------|
| Date you moved into address:               | Landlord/Property Manager:         |
| If you rent, how much rent are you paying: | Landlord/Property Manager Address: |
| Are utilities included in rent?            |                                    |
| Landlord/Property Manager Number:          |                                    |

**RESOURCES:**

Does anyone in your home have any of the following:

Life Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Hospital Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Burial and other insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in your home have any of the following resources? Check yes or no for each item.

|   | Yes | No | Amount | Location | Name/Names of Person |
|---|-----|----|--------|----------|----------------------|
| Checking Account                            |     |    |        |          |                      |
| Savings Account                             |     |    |        |          |                      |
| Online Account<br>(ie. Venmo, PayPal, etc.) |     |    |        |          |                      |

ARE YOU **CURRENTLY** RECEIVING, OR HAVE YOU **EVER RECEIVED PUBLIC ASSISTANCE** (food stamps, FIP, Section 8, etc.): YES \_\_\_\_\_  
 NO \_\_\_\_\_

If **YES**, please list dates you started receiving it: \_\_\_\_\_

\*Please complete second page

List **ALL** sources of **HOUSEHOLD** income available to you, your spouse, dependent(s), and/or others living in the household.

| Source of Income                                       | Applicant               |    |        | Others in the Household (spouse, dependents, significant other, etc.) |                         |    |        |                              |
|--|-------------------------|----|--------|---|-------------------------|----|--------|------------------------------|
|  | Please circle Yes or No |    | Amount | How Often Is Income Received  | Please circle Yes or No |    | Amount | How Often Is Income Received |
| Social Security (SSI, SSDI, Retirement Benefits, etc.) | Yes                     | No |        |   | Yes                     | No |        |                              |
| Veteran's Benefits                                     | Yes                     | No |        |   | Yes                     | No |        |                              |
| Soldiers Relief  | Yes                     | No |        |   | Yes                     | No |        |                              |
| Earnings (Wages)                                       | Yes                     | No |        |   | Yes                     | No |        |                              |
| Unemployment Benefits                                  | Yes                     | No |        |   | Yes                     | No |        |                              |
| Workers Comp   | Yes                     | No |        |   | Yes                     | No |        |                              |
| FIP  | Yes                     | No |        |   | Yes                     | No |        |                              |
| Food Stamps  | Yes                     | No |        |   | Yes                     | No |        |                              |
| Child Support  | Yes                     | No |        |   | Yes                     | No |        |                              |
| Foster Care Income                                     | Yes                     | No |        |   | Yes                     | No |        |                              |
| Other (list)   | Yes                     | No |        |   | Yes                     | No |        |                              |

EMPLOYMENT HISTORY FOR LAST YEAR: (start with most recent or current employment)

| EMPLOYEE NAME | EMPLOYER | ADDRESS | KIND OF WORK | DATE BEGAN | DATE ENDED | HOURLY WAGES | REASON FOR DISCONTINUING |
|---------------|----------|---------|--------------|------------|------------|--------------|--------------------------|
|               |          |         |              |            |            |              |                          |
|               |          |         |              |            |            |              |                          |
|               |          |         |              |            |            |              |                          |
|               |          |         |              |            |            |              |                          |

MISCELLANEOUS INFORMATION:

A. Type of assistance requested: \_\_\_\_\_

E. Are you an American citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

YOUR SIGNATURE IS ALSO AN AUTHORIZATION FOR THIS OFFICE TO OBTAIN VERIFICATION OF FACTS GIVEN ON THIS FORM. You may be required to sign an additional Authorization for Release of Information form(s) to allow the Warren County General Assistance office to gather additional verification of information provided.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND THAT I MAY BE LEGALLY PROSECUTED FOR INTENTIONALLY MAKING FALSE STATEMENTS IN ORDER TO RECEIVE ASSISTANCE.

\_\_\_\_\_  
Signature of Applicant (or legal guardian)

\_\_\_\_\_  
Date

If you are dissatisfied with the action of this office, you may appeal to the Warren County Board of Supervisors, Court House, Indianola, Iowa.

PROHIBITION AGAINST DISCRIMINATION

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

If you feel you have been the object of such discrimination, you may file a complaint in letter form with the Warren County Board of Supervisors, Administration Building, Indianola, Iowa.

CONFIDENTIALITY

All applicants and/or recipients have the right to confidential treatment of information concerning their situation; however, it should be understood that such information may be shared with other employees of Warren County, including the Warren County Board of Supervisors. A certain amount of information may need to be released to direct providers of service, such as pharmacies, hospitals, doctors, landlords, utility providers, etc., in order to authorize release of goods to the client. In certain instances when the General Relief employee is working cooperatively with other agencies, i.e., Veterans Affairs, Community Action Center, and/or County department, certain information may be released in order to complete transactions.