

# Application for Township Assistance

*Note: Social Sec. #'s are optional.*

|                       |                         |  |                 |
|-----------------------|-------------------------|--|-----------------|
| PHONE NUMBER<br>( ) - | APPLICATION DATE<br>/ / | APPLICATION TIME<br>: <input type="checkbox"/> AM<br><input type="checkbox"/> PM | CASE NUMBER     |
| AREA ### ####         | MM DD YY                | HH MM (total: )  | office use only |

|  |                   |               |
|--|-------------------|---------------|
| Applicant's Full Name  | Social Security # | Date of Birth |
| <input type="checkbox"/> male<br><input type="checkbox"/> female | — —               | / /           |
| LAST FIRST MI  | optional          | MM DD YY      |

|  |                   |               |
|--|-------------------|---------------|
| Other Adult's Full Name  | Social Security # | Date of Birth |
| <input type="checkbox"/> male<br><input type="checkbox"/> female | — —               | / /           |
| LAST FIRST MI  | optional          | MM DD YY      |

|  |                   |               |
|--|-------------------|---------------|
| Other Adult's Full Name  | Social Security # | Date of Birth |
| <input type="checkbox"/> male<br><input type="checkbox"/> female | — —               | / /           |
| LAST FIRST MI  | optional          | MM DD YY      |

|                                  |             |     |                     |
|----------------------------------|-------------|-----|---------------------|
| Current Address                  |             |     |                     |
|                                  |             |     | — Months<br>— Years |
| Street Address / P.O. Box Apt. # | City, State | Zip | How Long            |

|                                  |             |     |                     |
|----------------------------------|-------------|-----|---------------------|
| Previous Address                 |             |     |                     |
|                                  |             |     | — Months<br>— Years |
| Street Address / P.O. Box Apt. # | City, State | Zip | How Long            |

| QUESTION                     | APPLICANT  | OTHER ADULT  | OTHER ADULT  |
|------------------------------|--|--|--|
| What is your housing status? | <input type="checkbox"/> Own<br><input type="checkbox"/> Buying<br><input type="checkbox"/> Renting<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Other         | <input type="checkbox"/> Own<br><input type="checkbox"/> Buying<br><input type="checkbox"/> Renting<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Other         | <input type="checkbox"/> Own<br><input type="checkbox"/> Buying<br><input type="checkbox"/> Renting<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Other         |
| What is your marital status? | <input type="checkbox"/> Married<br><input type="checkbox"/> Single<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Widowed | <input type="checkbox"/> Married<br><input type="checkbox"/> Single<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Widowed | <input type="checkbox"/> Married<br><input type="checkbox"/> Single<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Widowed |

This office does not discriminate on the basis of race, color, national origin, sex, religion, age, or handicap status. Anyone needing special aid, readers, or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check  the relationship to the applicant and circle ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

*Note: Social Sec. #'s are optional.*

| <i>Person's Name</i> | Relationship   |  | Income Source   | Amount (monthly)                                      |
|----------------------|--|--|---|---|
| Print<br>Signature   | <input type="checkbox"/> Yourself  | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |
| Print<br>Signature   | <input type="checkbox"/> Child<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Room Mate<br><input type="checkbox"/> Other Adult | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |
| Print<br>Signature   | <input type="checkbox"/> Child<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Room Mate<br><input type="checkbox"/> Other Adult | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |
| Print<br>Signature   | <input type="checkbox"/> Child<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Room Mate<br><input type="checkbox"/> Other Adult | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |
| Print<br>Signature   | <input type="checkbox"/> Child<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Room Mate<br><input type="checkbox"/> Other Adult | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |
| Print<br>Signature   | <input type="checkbox"/> Child<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Room Mate<br><input type="checkbox"/> Other Adult | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |
| Print<br>Signature   | <input type="checkbox"/> Child<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Room Mate<br><input type="checkbox"/> Other Adult | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |
| Print<br>Signature   | <input type="checkbox"/> Child<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Room Mate<br><input type="checkbox"/> Other Adult | <input type="text" value="/ /"/><br><b>Date of Birth</b><br><input type="text" value="- -"/><br><b>Social Sec. #</b><br>(optional) | No Income<br>Social Security<br>Unemployment<br>Veteran's<br>Insurance<br>Strike Benefits | Wages<br>AFDC<br>Pension<br>Support<br>Gifts<br>Other |

Total adults in the household: \_\_\_\_\_ Total children in the household: \_\_\_\_\_  
 Total of ALL persons living in the household: \_\_\_\_\_  
 Total GROSS income received in the household last 30 days: \$ \_\_\_\_\_

Does anyone live in this household temporarily or occasionally? YES NO  
 If YES, who and how often: \_\_\_\_\_

List all motorized vehicles owned by ANY person in this household:

Type: \_\_\_\_\_ (Car/Truck/Boat/Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car/Truck/Boat/Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car/Truck/Boat/Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_

| QUESTION | APPLICANT | OTHER ADULT | OTHER ADULT |
|----------|-----------|-------------|-------------|
|----------|-----------|-------------|-------------|

|                                    |   |   |   |
|------------------------------------|---|---|---|
|                                    | name: _____   | name: _____   |   |
| <i>What is your income status?</i> | <input type="checkbox"/> Wages Stopped<br><input type="checkbox"/> Waiting on Income<br><input type="checkbox"/> Receiving Income<br><input type="checkbox"/> No Income | <input type="checkbox"/> Wages Stopped<br><input type="checkbox"/> Waiting on Income<br><input type="checkbox"/> Receiving Income<br><input type="checkbox"/> No Income | <input type="checkbox"/> Wages Stopped<br><input type="checkbox"/> Waiting on Income<br><input type="checkbox"/> Receiving Income<br><input type="checkbox"/> No Income |

|  |  |  |  |
|--|--|--|--|
|  | name: _____  | name: _____  |  |
| <i>What is your employment status?</i> | <input type="checkbox"/> Currently working<br><input type="checkbox"/> Laid off on: _____<br><input type="checkbox"/> Never worked<br><input type="checkbox"/> Quit: *<br><input type="checkbox"/> Fired: *<br><input type="checkbox"/> Sick Leave<br><input type="checkbox"/> Maternity Leave<br><input type="checkbox"/> On strike<br><input type="checkbox"/> Trying to find work | <input type="checkbox"/> Currently working<br><input type="checkbox"/> Laid off on: _____<br><input type="checkbox"/> Never worked<br><input type="checkbox"/> Quit: *<br><input type="checkbox"/> Fired: *<br><input type="checkbox"/> Sick Leave<br><input type="checkbox"/> Maternity Leave<br><input type="checkbox"/> On strike<br><input type="checkbox"/> Trying to find work | <input type="checkbox"/> Currently working<br><input type="checkbox"/> Laid off on: _____<br><input type="checkbox"/> Never worked<br><input type="checkbox"/> Quit: *<br><input type="checkbox"/> Fired: *<br><input type="checkbox"/> Sick Leave<br><input type="checkbox"/> Maternity Leave<br><input type="checkbox"/> On strike<br><input type="checkbox"/> Trying to find work |

\* answers require explanation below

\*

| Other Financial Information |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|
|-----------------------------|--|--|--|--|--|--|--|

|   | Applicant |    | Other Adult |    | Other Adult |    |
|---|-----------|----|-------------|----|-------------|----|
|   | Yes       | No | Yes         | No | Yes         | No |
| Do you have life insurance?   | Yes       | No | Yes         | No | Yes         | No |
| Do you have another type of insurance?  | Yes       | No | Yes         | No | Yes         | No |
| Do you have any investment holdings?<br>(Stocks, Bonds, CD's, IRA's)                    | Yes       | No | Yes         | No | Yes         | No |
| Do you have any cash on hand?<br>If YES, give amount                                    | Yes       | No | Yes         | No | Yes         | No |
|   | \$ _____  |    | \$ _____    |    | \$ _____    |    |
| Do you have a checking account?   | Yes       | No | Yes         | No | Yes         | No |
| Do you have a savings account?<br>If YES, give name of each bank<br>and current balance | Yes       | No | Yes         | No | Yes         | No |
|   | -----     |    | -----       |    | -----       |    |

Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)? YES NO  
 If yes, explain: \_\_\_\_\_

| <b>PROPERTY OWNERSHIP</b>  |                  |    |                    |    |                    |    |
|--|------------------|----|--------------------|----|--------------------|----|
|  | <i>Applicant</i> |    | <i>Other Adult</i> |    | <i>Other Adult</i> |    |
| Do you own any property?   | YES              | NO | YES                | NO | YES                | NO |
| If YES, address: _____   |                  |    |                    |    |                    |    |
| Name of mortgage company: _____                                      |                  |    |                    |    |                    |    |
| Amount of mortgage payment: _____                                    |                  |    |                    |    |                    |    |
| Number of years owned: _____ Approximate market value of home: _____ |                  |    |                    |    |                    |    |

| <b>RENTAL HISTORY</b>  |  |
|--|--|
| Number of adults on the lease: _____ Co-lessee's name (if any): _____                        |  |
| Name of apartment complex or landlord: _____   |  |
| Address of complex or landlord: _____  |  |
| Phone number of complex or landlord: _____   |  |
| What date did you move into this rental unit: _____ Monthly rent amount: _____               |  |
| Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____ |  |
| Are any utilities included? YES NO If yes, which ones? _____                                 |  |

| <b>EMPLOYMENT HISTORY</b>          |                  |                             |
|------------------------------------|------------------|-----------------------------|
|                                    | <i>Applicant</i> | <i>Other Adult</i><br>name: |
| Your most recent employer: _____   |                  | <i>Other Adult</i><br>name: |
| Date you started work there: _____ |                  |                             |
| Date you last worked there: _____  |                  |                             |
| Reason not working now: _____      |                  |                             |
|                                    |                  |                             |
| 2nd most recent employer: _____    |                  |                             |
| Date you started work there: _____ |                  |                             |
| Date you last worked there: _____  |                  |                             |
| Reason not working now: _____      |                  |                             |
|                                    |                  |                             |

| <b>MILITARY SERVICE</b>  |                  |                    |                    |
|--------------------------|------------------|--------------------|--------------------|
|                          | <i>Applicant</i> | <i>Other Adult</i> | <i>Other Adult</i> |
| Serial Number: _____     |                  |                    |                    |
| Enlistment Date: _____   |                  |                    |                    |
| Branch of Service: _____ |                  |                    |                    |
| Discharge Date: _____    |                  |                    |                    |

| <b>CITIZENSHIP</b>   |  |
|--|--|
| Is everyone in the household a U.S. citizen? YES NO              |  |
| If no, please explain status by which you are in the U.S.: _____ |  |
|  |  |

| <b>FAMILY INFORMATION</b>  |                |              |  |
|--|----------------|--------------|--|
| Applicant's Maiden Name (if married): _____  |                |              |  |
| Household members' relatives (parents, brothers, sisters, grandparents, aunts, uncles) including "step" relatives: |                |              |  |
| <i>Name</i>  | <i>Address</i> | <i>Phone</i> | <i>How have they helped?<br/>Are they willing to help?</i> |
|  |                |              |  |
|  |                |              |  |
|  |                |              |  |
|  |                |              |  |
|  |                |              |  |

| <b>CHILD SUPPORT</b>   |        |
|--|--------|
| If there are minor children in the home, is child support ordered for them by a court? | YES NO |
| If not will you go to court to get support?  | YES NO |
| If NO, explain: _____  |        |
| Are you receiving child support?      YES    NO      If YES, how much? _____           |        |
| Name and address of child(ren)'s other parent if not in household: _____               |        |

| <b>OTHER SOURCES OF HELP</b>   |  |
|--|--|
| Have you or someone in the household been helped from any other source such as churches, multi-service centers, or friends whom you have not already listed on this form?      YES      NO |  |
| If YES, who, how much and when? _____  |  |
|  |  |
|  |  |

| <b>CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS</b> |                |                  |                 |       |             |               |
|---|----------------|------------------|-----------------|-------|-------------|---------------|
| Amount of debt                                | Date Purchased | Name of Creditor | Items Purchased | Value | Amount Paid | Last Pay Date |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |
|   |                |                  |                 |       |             |               |

### EXPENSE INFORMATION

List below any payments made by any household member to any source in the last thirty (30) days:

| Amount | Paid to | Date Paid | Amount | Paid to | Date Paid |
|--------|---------|-----------|--------|---------|-----------|
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |
|        |         |           |        |         |           |

What do you owe today on your rent or mortgage? \$ \_\_\_\_\_

What do you owe today on your utilities? \_\_\_\_\_

Electricity \$ \_\_\_\_\_ Gas/Heating \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_ Trash Removal \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Are any of these bills in someone else's name?                      YES    NO

If YES, which ones and whose name? \_\_\_\_\_

What is your reason for asking for Trustee help?

- No Income
- Not Enough Income
- Income Stolen
- Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application?    YES    NO

If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specifically, what are you asking for help with today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PUBLIC ASSISTANCE**

Are you receiving or have you applied for the following:

**APPLICANT**

| Subsidized Sec. 8, HUD, or other public housing: |     |    | YES                       | NO            | Date applied: ___\___\___ |  |
|--|-----|----|---------------------------|---------------|---------------------------|--|
| Utility Allotment                                | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Food Stamps                                      | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| AFDC Welfare                                     | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Other Trustee Office                             | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Social Security (any type)                       | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| V.A. Benefits (any time)                         | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| EAP Utility assistance                           | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| FEMA Funds                                       | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Unemployment Benefits                            | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Grants/Loans                                     | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Any other type of help                           | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |

**OTHER ADULT**

| Subsidized Sec. 8, HUD, or other public housing: |     |    | YES                       | NO            | Date applied: ___\___\___ |  |
|--|-----|----|---------------------------|---------------|---------------------------|--|
| Utility Allotment                                | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Food Stamps                                      | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| AFDC Welfare                                     | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Other Trustee Office                             | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Social Security (any type)                       | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| V.A. Benefits (any time)                         | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| EAP Utility assistance                           | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| FEMA Funds                                       | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Unemployment Benefits                            | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Grants/Loans                                     | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Any other type of help                           | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |

**OTHER ADULT**

| Subsidized Sec. 8, HUD, or other public housing: |     |    | YES                       | NO            | Date applied: ___\___\___ |  |
|--|-----|----|---------------------------|---------------|---------------------------|--|
| Utility Allotment                                | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Food Stamps                                      | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| AFDC Welfare                                     | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Other Trustee Office                             | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Social Security (any type)                       | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| V.A. Benefits (any time)                         | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| EAP Utility assistance                           | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| FEMA Funds                                       | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Unemployment Benefits                            | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Grants/Loans                                     | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |
| Any other type of help                           | YES | NO | Date Applied: ___\___\___ | Amount: _____ |                           |  |

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? \_\_\_\_\_

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? \_\_\_\_\_

*READ CAREFULLY \* NOTICE OF PUBLIC LA W*

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to operate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Cod 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days heating fuel or electric services assistance unless you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

*I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW .*

\_\_\_\_\_  
Signature of Applicant                      Signature of Other Adult                      Signature of Other Adult

*Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?*

Applicant:    YES    NO                      OTHER ADULT:    YES    NO                      OTHER ADULT:    YES    NO  
If no, explain why not: \_\_\_\_\_

*AFFIDAVIT*

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

\_\_\_\_\_  
Signature of Applicant                      Signature of Other Adult                      Signature of Other Adult

*Note: All household members eighteen and older must sign where indicated for application to be complete.*



### CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, \_\_\_\_\_, Case Number \_\_\_\_\_, residing at \_\_\_\_\_, Indiana, consent to the disclosure of the following information to \_\_\_\_\_, the investigator of township assistance for \_\_\_\_\_ Township \_\_\_\_\_ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) my township assistance application from \_\_\_\_\_ Township \_\_\_\_\_ County, IN.
- (2) my application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) others (if any).

|                        |                          |                          |
|------------------------|--------------------------|--------------------------|
| Signature of Applicant | Signature of Other Adult | Signature of Other Adult |
| Date Signed            | Date Signed              | Date Signed              |

***This consent form expires 180 days after the date of signing.***

### ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

|                     |             |
|---------------------|-------------|
| Trustee or Employee | Date Signed |
|---------------------|-------------|

*(THIS PAGE FOR TOWNSHIP USE ONLY)*

WORK ORDER:

Given \_\_\_\_\_ Amount \_\_\_\_\_ Completed \_\_\_\_\_

**STATISTICAL SUMMARY OF THIS APPLICATION**

| <i>Date</i> | <i># Recipients<br/>Rec'v. Benefit</i> | <i>Utility \$<br/>Benefits</i> | <i>Housing \$<br/>Benefits</i> | <i>Food \$<br/>Benefits</i> | <i>Health Care<br/>\$ Benefits</i> | <i>Other</i> | <i>Total \$<br/>Benefits</i> |
|-------------|--|--------------------------------|--------------------------------|-----------------------------|------------------------------------|--------------|------------------------------|
|             |  |                                |                                |                             |                                    |              |                              |
|             |  |                                |                                |                             |                                    |              |                              |
|             |  |                                |                                |                             |                                    |              |                              |
|             |  |                                |                                |                             |                                    |              |                              |

| <i>Training Program<br/>Referral</i> | <i>Referrals</i> | <i>Workfare Hours</i> | <i>Time Spent on<br/>Application</i> |
|--------------------------------------|------------------|-----------------------|--------------------------------------|
|                                      |                  |                       |                                      |

**CASE RECORD OF INVESTIGATION**