

O'BRIEN COUNTY GENERAL ASSISTANCE APPLICATION

PO BOX 380
PRIMGHAR, IA 51245
712-957-5985

DATE _____

NAME _____
(FIRST) (MIDDLE) (LAST)

CURRENT ADDRESS _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

PREVIOUS ADDRESS _____

TELEPHONE NUMBER _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

ARE YOU A CITIZEN? Yes _____ No _____ VETERAN _____
(If yes, date of service)

MEMBERS OF THE HOUSEHOLD (use back if more space is needed)

Name: Birthdate: Social Security #:

OTHER PERSONS IN HOUSEHOLD

Name: Birthdate: Social Security #:

RELATIVES OUT OF HOUSEHOLD

Name: Birthdate: Social Security #:

CURRENT EMPLOYMENT/EMPLOYMENT HISTORY

Is there any reason you are unable to work? YES_____ NO_____

If yes, please explain_____

Are you registered at a job service? YES_____ NO_____ If yes, where? _____

Are you **currently** employed? YES_____ NO_____

If yes, where are you employed?_____

What is your salary/hourly wage?_____ How many hours do you work per week?_____

If you **aren't employed**, where was your last employment?_____

If you **aren't employed**, why? FIRED_____ LAID OFF_____ QUIT_____

Are you receiving any unemployment benefits? YES_____ NO_____

Are there students in your household who are enrolled in a full-time vocational or academic program beyond the twelfth grade of high school? YES_____ NO_____

LIST EMPLOYMENT HISTORY OF ALL HOUSEHOLD MEMBERS:

Person: Employer: Dates: Salary: Reason for unemployment:

A.) PERSONAL PROPERTY

Vehicles Amount of Payment Date Purchased Value

Do you have any other personal property such as:

BOATS_____ SNOWMOBILES_____ CAMPERS_____ MOTORCYCLES_____

OTHER PERSONAL PROPERTY:_____

Do you have cable television? YES_____ NO_____ Monthly Cost:_____

Do you have a cell phone? YES_____ NO_____ Monthly Cost:_____

List any other personal property that may be of value:_____

CHECKING ACCOUNT: Bank _____ Balance: _____

SAVINGS ACCOUNT: Bank _____ Balance: _____

STOCKS and BONDS: _____

REAL ESTATE (other than the home you live in): _____

Please list all insurance policies carried by you, your spouse, and/or dependent:

Persons Covered:	Name of Co.:	Policy #:	Value:	Yr. Prch:	Beneficiary:
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CHARGE CARDS OR PERSONAL LOANS:

Type:	Amount:	Monthly Payments:	Balance:
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B.) SHELTER

Are you RENTING or BUYING your home? (circle one) Amount of monthly payment: _____

Whom are you renting from? _____
(FIRST) (LAST)

What is their phone number? _____

What is their address? _____

If **renting**, is this a relative to anyone in the household? YES _____ NO _____

If yes, what relation to who? _____

If **buying**, how much equity? _____

OTHER MONTHLY EXPENSES:

Type:	Amount:
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WHAT DO YOU NEED ASSISTANCE WITH?

Utilities _____ Rent _____ Medical _____ Medications _____ Burial _____

Other: _____

D.) OTHER PROGRAMS WHICH HAVE PROVIDED ASSISTANCE

TYPE	DATES	AMOUNT	HAVE YOU APPLIED? (YES/NO)
FIP	_____	_____	_____
FOOD STAMPS	_____	_____	_____
SSI	_____	_____	_____
SSDI	_____	_____	_____
VETERANS	_____	_____	_____
UPPER DESMOINES	_____	_____	_____
WORKMAN'S COMP	_____	_____	_____
CHILD SUPPORT	_____	_____	_____
OTHER SOURCES OF INCOME	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

CERTIFICATION STATEMENT:

I understand I assume full responsibility for the accuracy of the statements on this form and I understand the General Assistance Office will use these statements to determine my eligibility for General Assistance.

I am aware that this information may be verified and investigated. I hereby authorize all persons to release confidential information concerning my personal situation to the O'Brien County General Assistance Office, if it deems such information is necessary.

I will notify the O'Brien County General Assistance Office of any transaction regarding my property, including but not limited to anticipated income or property such as inheritance, lump sum payments on delinquent child support of current child support, or any change in income or living arrangement of myself or any other member of my family. I also understand that I am to reimburse the General Assistance Office for any money received by me or paid to a vendor on my behalf which I was not entitled.

I understand that withholding information, false statements or incorrect statement on this application may be grounds for denial of benefits.

Signature of Applicant

Date

IF YOU ARE DISSATISFIED WITH THE GENERAL ASSISTANCE DIRECTOR'S ACTION, YOU MAY APPEAL TO THE BOARD OF SUPERVISORS OR O'BRIEN COUNTY.

OFFICE USE ONLY:

REQUEST: Rent_____ Utilities_____ Medications_____ Medical_____ Burial_____

APPROVED_____ **DENIED**_____ **PENDING**_____

Signature of General Assistance Worker

Date