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 <u>ALL</u> 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:

_____

_____

CHARGE CARDS OR PERSONAL LOANS:

Type: Amount: Monthly Payments: Balance:

_____

_____

_____

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:

_____

_____

_____

_____

_____

WHAT DO YOU NEED ASSISTANCE WITH?

Utilities_____ Rent_____ 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_____

_____ **Date_____**

Signature of General Assistance Worker