

**COUNTY ASSISTANCE APPLICATION**

DATE \_\_\_\_\_ Reason for requesting funds: \_\_\_\_\_  
\_\_\_\_\_

**Information for Deceased**

NAME: \_\_\_\_\_  
(Last) (First) (M.I. or Maiden Name) (Date of Birth)

SPOUSE: \_\_\_\_\_  
(Last) (First) (M.I. or Maiden Name) (Date of Birth)

\_\_\_\_\_ (Current Address) \_\_\_\_\_ (Phone Number)

Social Security No. \_\_\_\_\_ Spouse Social Security No. \_\_\_\_\_

LIVED AT CURRENT ADDRESS: \_\_\_\_\_  
(Years) (Months)

U.S. CITIZEN: Yes \_\_\_ No \_\_\_ Registered Alien: Yes \_\_\_ No \_\_\_

Marital Status: S \_\_\_ M \_\_\_ W \_\_\_ D \_\_\_ Separated or Divorced \_\_\_\_\_  
(Date)

Number of Children: \_\_\_\_\_

Other Persons in Household:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have lived at the following addresses in the past year:

Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

Are you self-employed? Yes \_\_\_ No \_\_\_

Name, address and date of last two jobs completed:  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

List all employment beginning with current or last job:

Employer	Address	Dates of Employment	Why Terminated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you registered at the job service? Yes  No  Date: \_\_\_\_\_  
 Is spouse registered at the job service? Yes  No  Date: \_\_\_\_\_

Last 5 places where you or your spouse have applied for employment:

Employer	Address	Date Applied
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or your spouse a veteran? Yes  No   
 Has the Veterans Administration helped you in the past year? Yes  No

**MONTHLY INCOME**

<u>Source</u>	<u>Self</u>	<u>Spouse</u>	<u>Total</u>
Salary - Hourly/Weekly/Monthly	\$ _____	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____	\$ _____
Retirement Income - Type	\$ _____	\$ _____	\$ _____
Veterans Pension	\$ _____	\$ _____	\$ _____
Union Payments	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Workmen's Compensation	\$ _____	\$ _____	\$ _____
Charitable Organizations	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Friends or Relatives	\$ _____	\$ _____	\$ _____
Assistance from Veterans	\$ _____	\$ _____	\$ _____
Vocational Rehabilitation	\$ _____	\$ _____	\$ _____
Rentals or Boarders	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Explain the last check you or your spouse received:

Source	Address	How Spent	Date
_____	_____	_____	_____

**RESOURCES**

I own my home: Yes  No

I own property: Yes  No

I have owned a house, farmland or other property: Yes  No

Why was ownership terminated?

Check the following:

	<u>Yes</u>	<u>No</u>	<u>Amount</u>
Checking Account	_____	_____	_____
Savings Account	_____	_____	_____
Cash on Hand	_____	_____	_____
Safety Deposit Box	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Stocks or Bonds	_____	_____	_____
Farm Crops	_____	_____	_____
Livestock	_____	_____	_____
Farm Machinery	_____	_____	_____
Car, Truck, Motorcycle, Boat, RV	_____	_____	_____
Year _____			
Make _____			
Model _____			
Other Car, Truck, Motorcycle, Boat, RV	_____	_____	_____
Year _____			
Make _____			
Model _____			
Mobile home	_____	_____	_____
Year _____			
Make _____			
Model _____			
Life Insurance	_____	_____	_____
Policy No. _____			
Company _____			
Cash Value _____			
Loan Value _____			
Health Insurance	_____	_____	_____
Policy No. _____			
Company _____			
Does any other household member own property	_____	_____	_____
Have your applied for the following:			
SSI	_____	_____	
Medicaid	_____	_____	

Under penalties of law, I declare that I have read this form, and to the best of my knowledge, it is true, correct and complete. I understand my responsibilities and agree to fulfill them. I agree to provide proof of need if requested. I give consent for the agency to make whatever contacts are necessary to determine my eligibility. I hereby authorize release of financial or medical information and understand that my signature below constitutes such a release.

I have had the assistance program requirements explained to me and I do \_\_\_\_\_/do not \_\_\_\_\_ wish to receive assistance based on these requirements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Person Assisting Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assisting Person's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number