

5. Our relatives and their addresses are as follows:

Address:

Parents: _____

Spouse's parents: _____

Adult children no longer living at home:

6. I have lived at the following addresses: (go back from present address)

_____	Date:		
_____	From:	_____	To: _____
_____	From:	_____	To: _____
_____	From:	_____	To: _____
_____	From:	_____	To: _____
_____	From:	_____	To: _____

I last resided in _____ in _____ for one full year.
County State

7. I have a guardian: YES _____ NO _____
Name and address of guardian: _____

8. Living arrangements: (check and complete the one which applies to you)

- () I rent my home and pay _____ per week _____ per month.
Landlord's name and address: _____
- () I am buying my home. Monthly payments are _____.
- () I own my home. (mortgage is paid off)
- () I am renting an apartment and pay _____ per week _____ month.
Landlord's name and address: _____
- () I live with relatives and pay _____ per week _____ per month.
- () I live with friends and pay _____ per week _____ per month.

9. Which utilities are included in your rent? _____

10. List all real estate and personal property you or members of your family living with you own: (give address and value) _____

11. The following motor vehicles are owned by me or members of my household:

Make	Year	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. I or members of my household own the following: (check ones which apply)

- Cash on hand \$ _____
- Checking account \$ _____ Bank _____
- Savings account \$ _____ Bank _____
- Stocks or bonds \$ _____
- Time savings certificates \$ _____
- Other (please describe) _____
- Burial contract _____
- Machinery or tools (list) _____
- Livestock (list) _____

13. I or members of my household have health and/or accident insurance: YES ___ NO ___

Name of Insurance Company	Monthly Premium	Insured Person	Type of Coverage
_____	_____	_____	_____
_____	_____	_____	_____

14. I or members of my household have life insurance: YES ___ NO ___

Name of Insurance Company	Monthly Premium	Insured Person	Beneficiary	Cash Value of Policy	Face Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. I or members of my household have income from employment: YES ___ NO ___

Name of Employer	Name of Employee	Take Home Pay (NET)		Length of Employment
		Per Week	Per Month	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please attach pay stubs for one month for verification.)

16. If not employed, I or members of my household last worked at the following:
(List by household member. Also note last date worked and reason for termination.)

17. I or members of my household attend college: YES ___ NO ___

Household member: _____	Name of college: _____
Household member: _____	Name of college: _____

18. I or members of my household have income from other sources: YES ___ NO ___
 (Examples: FIP, child support, unemployment benefits, Social Security, veteran's pension, railroad pension, relief assistance, etc.)

Source: _____ Amount per month: \$ _____
 Source: _____ Amount per month: \$ _____
 Source: _____ Amount per month: \$ _____
 Source: _____ Amount per month: \$ _____
 Source: _____ Amount per month: \$ _____
 Source: _____ Amount per month: \$ _____

19. The following are my debts at the time of this application:

Amount of Debt	Person or Business Indebted To	Item Indebted For	Monthly Payment

20. I or members of my household have received temporary or emergency assistance from other sources: (Examples: veteran's organizations, church organizations, Red Cross, Salvation Army, community action agency, energy assistance, rental assistance, food pantry, DHS emergency assistance, Lion's Club, etc.) YES ___ NO ___

If you have, list organization(s) and amount: _____

21. I have applied for food stamps: YES ___ NO ___ Date Applied _____
 22. I have applied for Family Investment Program (FIP): YES ___ NO ___ _____
 23. I have applied for Supplemental Security Income (SSI): YES ___ NO ___ _____
 24. I am applying for the following types of assistance: _____

I, the undersigned, do certify that all the facts given by me in this application are correct and true to the best of my knowledge.

I understand that I assume full responsibility for the accuracy of the statements on this form, that these statements are used to determine my eligibility for assistance, and that failure to provide the requested information will result in my application being denied or current benefits cancelled.

I do hereby authorize the banking or savings institution, employer, firm, governmental agency, corporation, or person to disclose to a representative of the Grundy County General Assistance Department any information which is desired in order to document or verify that information which I have provided in connection with this application. I agree to assist the General Assistance Department in documenting or verifying the information given if requested to do so. I also understand that the information may routinely be shared with the Department of Human Services, Department of Employment Services, Social Security Administration, and federal, state and county staff for auditing. This authorization is valid until specifically withdrawn in writing by the undersigned.

I agree to notify the Grundy County General Assistance Department of any transaction involving my property, either real or personal, or of any changes in income, living arrangements, or insurance benefits for myself or my family for whom assistance has been provided.

If required by Grundy County General Assistance guidelines, I also agree to make every effort to secure employment which will enable me to support myself or my family, and I understand that I am expected to repay to Grundy County, within 180 days if possible, the value of any benefits received.

Signature or mark of applicant or guardian

Date

Signature of witness (if required)

Date

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

If you feel you may have been the object of such discrimination, you may file a complaint with any of the following: Grundy County Board of Supervisors, General Assistance Department, or Iowa Civil Rights Commission.

Grundy County Board of Supervisors
Grundy County Courthouse
Grundy Center, IA 50638

Iowa Civil Rights Commission
Liberty Building #340
418 Sixth Avenue
Des Moines, IA 50319