Application for Township Assistance

							NOTE: Social	Security numbers are optional
PHONE NUMBER	ned gille	APPLICATI	ON DATE	AI	PPLIC	CATION TIM		CASE NUMBER
() -	ori oli fi	1	1			0	□ AM □ PM	
AREA ###-####	lator (A A -)	MM DI	D YY	F	Н	MM (tot	al:)	office use only
Applicant's Full Name						Social S	ecurity #	Date of Birth
Last all thouselfed penicipal	of parties	W. Piele price		☐ ma	arva.	_	_	Sierman 1
LAST	FIRST	Articles	MI	- Ton	lare	optio	onal	MM DD YY
Other Adult's Full Name	imagaa_/-T		Ma Pario	n in		Social S	ecurity #	Date of Birth
Lybe hodding as a se	mativ ^{al} / T	auch / Bo	ar Filderen	☐ ma	NOVINE TO BE	47	_ Makeria	1 1
LAST	FIRST		MI			optio	onal	MM DD YY
Other Adult's Full Name						Social S	ecurity #	Date of Birth
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LAST	FIRST		MI			optie	onal	MM DD YY
Current Address								
What is your equily waterband	di Aktricia	ly upiking		14 (3)	uky	yerkang	Gu Con	Months Years
Street Address / P.O. Box	areas (illia 16 8	Apt. #		Cit	y, State	Zip	How Long
Previous Address				000	3.1		2 Osi	a admitted and a
goe Oultgain is walling Benefits Otherstad rotumnings								Months Years
Street Address / P.O. Box			Apt. #		Cit	y, State	Zip	How Long
QUESTION	ΔP	PLICANT		ОТ	HER	ADULT	OTI	HER ADULT
What is your housing status?		Own Buying			Ow	n ⁄ing		Own Buying
Do you have life instrance?		Renting			- 5	iting		Renting
De you have lift ther 15 100 6		Homeless	1 200			neless		Homeless
Do you pays the market of		Other			Oth			Other
What is your marital status?		Married	T. Nul.	acid or	Mai	rried		Married
Benefitt Office Co.	aling 🗖	Single		In LA O	Sing			Single
Do you have a checking acc		Divorced				orced		Divorced
TO AGE UNIVERSITY AND SHOW		Separated				arated		Separated
A continuous designation of		Widowed			-	lowed		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 Security numbers are optional Amount Income Source Person's Name Relationship (monthly) No Income Wages Yourself Social Security **AFDC** Date of Birth Print Unemployment Pension Veteran's Support Gifts Insurance Signature Social Sec. # Strike Benefits Other (optional) Wages No Income Child Social Security **AFDC** Spouse Date of Birth Print Unemployment Pension Relative Veteran's Support Room Mate Gifts Insurance Social Sec. # (optional) Signature Other Adult Other Strike Benefits No Income Wages Child **AFDC** Social Security Spouse Date of Birth Print Unemployment Pension Relative Veteran's Support Room Mate Gifts Insurance Social Sec. # Signature Other Adult Other Strike Benefits (optional) No Income Wages Child **AFDC** Social Security Spouse Date of Birth Print Unemployment Pension Relative Support Veteran's Room Mate Gifts Insurance Social Sec. # (optional) Signature Other Adult Strike Benefits Other Wages No Income Child Social Security **AFDC** Spouse Date of Birth Unemployment Pension Print Relative Veteran's Support Room Mate Gifts Insurance Signature Social Sec. # Other Adult Strike Benefits Other (optional) Wages No Income Child **AFDC** Social Security Spouse Date of Birth Unemployment Pension Print Relative Veteran's Support Room Mate Gifts Insurance Social Sec. # (optional) Signature Other Adult Strike Benefits Other Wages No Income Child / **AFDC** Social Security Spouse Date of Birth Unemployment Pension Print Relative Veteran's Support Room Mate Gifts Insurance Social Sec. # Signature Other Adult Strike Benefits Other (optional)

Total adults in the household: Total childre Total of ALL persons living in the household:								old:		
Total GROSS income rec	ceive	d in the ho	usehold	the last	30 days:	\$			iona yan g	
Does anyone live in this If YES, who and how of		-			-					ne, Selfent Franklika Selfense A
List all motorized vehicle	es or	wned by Al	VY perso	on in this	s househ	nold:			TAND SERVICE	o realizado
Туре:	3	(Car / Truc	ar / Truck / Boat / Motorcycle) Year:						ke:	
Type: (Car / Tru			k / Boat	/ Motor	cycle)				ke:	
Type:						Year:	C Kenth	Ma	ke:	to RestribA
QUESTION	, in the	APPLICA	NT		OTHE	R ADU	LT		OTHER A	DULT
			N	Vame:			Na	ame: _	n the house that a lack	
What is your income status?		Wages Stop	pped		Wages	Stopped		0		
Name Half and Q St child		Waiting on	Income		Waiting on Income				☐ Waiting on Income	
		Receiving No Income	e e e e e e e e e e e e e e e e e e e		☐ Receiving Income☐ No Income					
What is your employment	a	Currently v	working		Curren	tly work	ing		Currently	working
status?		Laid off or	ı:	□	☐ Laid off on:					
		Never worl								
		Quit: *			Quit: *				Quit: *	
* answers require		Fired: *		☐ Sick leave				☐ Fired: *		
explanation below		Sick leave								
		Maternity 1	leave	U Mate		•		☐ Maternity leave		leave
7										
				Trying to find work				U	Trying to	ing work
		OTHE	R FINAN		NFORM				Oal	A 7 74
De way have life in assument	an		Appli			Other	No		Other	
Do you have life insurance Do you have another type		ncurance?	Yes Yes	No No		Yes Yes	No		Yes Yes	No No
Do you have any investment			Yes	No ·		Yes	No		Yes	No
(Stocks, Bonds, CD's			105	110		103	110		103	aurio Birera
Do you have any cash on			Yes	No		Yes	No		Yes	No
IF YES, give amount			\$			\$			\$	<u>de dec</u> ensi.
Do you have a checking a	ccou	nt?	Yes	No		Yes	No		Yes	No
Do you have a savings according			Yes	No		Yes	No		Yes	No
IF YES, give name of ea & current balance	ich b	ank								
Does anyone in the house										
employer or government a	genc	y from whi	ch you (t	hey) exp	ect to re	ceive a	recovery	(mor	ney)? YES	S NO
If yes, explain:										

nashing transports a succ	PROPERTY O Applicant	Other Adult	Other Adult	
Do you own any property		Yes No		
IF YES, address:				
Name of mortgage compa	any:	ikénilé tempéranty og o	od Sidi ni Azil Snovna s	
	ment:			
Number of years owned:	Approximate ma	arket value of home:	Sommer L	
	RENTAL F	IISTORY	Bone No. 1 (1980)	
Number of adults on the	lease: Co-lessee's na	me (if any):	.00	
Name of apartment comp	olex or landlord:	of Literaff Lateriff to 2006 and	Saming APDA 4 150	
	ndlord:			
Phone number of comple	ex or landlord:		AND CONTRACTOR	
What date did you move	into this rental unit:	Monthly rent amou	nt:	
	ld related to the landlord? Y			
Are any utilities included	? YES NO If yes, which	ones?		
amosal es gallow. O	EMPLOYMEN	T HISTORY		
antoeni galvieseli ili.	Applicant	Other Adult	Other Adult	
		Name	Name	
Your most recent employe	r:	continued with short a 14	Jan tregolitarea sino s	
	re:		De militaria filia	
	e:	log/mar pyreitien	glos real advasion;	
		- * # #ithx = #	No Make I all	
Reason not working now.	Barell L.	rectal key 37 (to)(YF)	Company of the same of the sam	
2nd most recent employer		AND AND		
Date you started work the			Tom States	
Date you last worked ther		shood flooding names		
Reason not working now:				
Reason not working now.	2800 6 2 2 2 2 2 2 2			
Monthey Adult	Hallet, Mitthews Adams 1	ER ERGANDE SINGS	Beigus Other I	
	MILITARY			
OPT 228		Other Adult	Other Adult	
000 224	Applicant	Other Addit		
Serial Number:	Applicant	Other Admit	ESAMPLA ANTONIA	
Enlistment Date:	Applicant	Omer Addit	r Service Marchines and no date out over the	
Enlistment Date: Branch of Service:	Applicant	Omer Addit	e de la companya de l	
Enlistment Date:	Applicant	Omer Addit	sal no dans one see see sal no dans one see see sal see generalise sal see a checking a see	
Enlistment Date: Branch of Service:	Applicant		Step of sold a collarse and sold and so	
Enlistment Date: Branch of Service:			complies a large years of the part of the	

		FAMI	LY INFORMATION			
Applicant's	Maiden Name (i	f married):		The West States	Manager of the	t ist helpto
	members' relative		s, sisters, grandparents, Phone			hey helped?
		YES TOO	Onte Ambied Date Applied Date Applied		Amendo Amendo Amendo Amendo	
Charles (1)	ny at Movemen nany	YES NO	Date Anglieb Date Application		Antonius —	
		CI	HILD SUPPORT			
If not will	minor children you go to court ain:		ld support ordered for	them by a cou		YES NO YES NO
Are you red	ceiving child sup		NO if YES, how more from the in household:	uch?	Amount -	
	e e e e e e e e e e e e e e e e e e e	OTHER	SOURCES OF HELF	•		
centers or fi	riends whom you	have not already li	sted on this form?	ES NO		service
	CU	RRENT DEBTS (OF ALL HOUSEHOLI	D MEMBERS		
Amount of Debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amount paid	Last Pay Date
neospesioje	diction to the first	O DOMES SOLDEN	MAIN CIT MINNESCENT		(1) CEST (1)	6, 01382, 2411
			Dust Assolute		A SERVINO	
800 mpos - 800 m 723						
**						
- 1 / 1 wh			en e	asking for he	io one serve	Specifically
		Here has been and				

EXPENSE INFORMATION

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

That do you owe today on your rent or mortgage? \$	
nat do you owe today on your utilities?	
at do you owe today on your utilities?	
at do you owe today on your utilities?	
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at do you owe today on your utilities?	State
at do you owe today on your utilities?	, in 38 mile 35 50
□ Not Enough Incom □ Income Stolen □ Emergency Event s there been an emergency or extraordinary circumstance you wish the Trustee to consider	I'S, what how me
□ Not Enough Incom □ Income Stolen □ Emergency Event s there been an emergency or extraordinary circumstance you wish the Trustee to consider	
Emergency Event s there been an emergency or extraordinary circumstance you wish the Trustee to consider	e
s there been an emergency or extraordinary circumstance you wish the Trustee to consid	
S NO	er in your applicat
20 110	THE STATE OF
YES, explain:	
meta ni Sarutosa.	
who se Uniter	
ecifically, what are you asking for help with today?	
SANTAL CONTROL OF THE RESIDENCE OF THE PARTY	

		OTHE	ER PUBLIC ASS	ISTANCE		
ements CONDENS	Are you r	eceivin	g or have you app APPLICAN		following	BMALR/N
Subsidized Sec. 8, HUD, or o	ther publ	ic hous			ied:	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Utility Allotment	YES	NO	Date Applied:			
Food Stamps	YES	NO	Date Applied:			
AFDC Welfare	YES	NO	Date Applied:			
Other Trustee Office	YES	NO	Date Applied:			Amount:
Social Security (any type)	YES	NO	Date Applied:			
V.A. Benefits (any time)	YES	NO	Date Applied:			
EAP Utility Assistance	YES	NO	Date Applied:			
FEMA Funds	YES	NO	Date Applied:			
Unemployment Benefits	YES	NO	Date Applied:			
Grants / Loans	YES	NO	Date Applied:			
Any other type of help	YES	NO	Date Applied:			
			The Court Court of the Court of			mioun.
0.1 '1' 10 0 100			OTHER ADU		nbiniv ici	ort stamps is filed with the
Subsidized Sec. 8, HUD, or o	-					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Utility Allotment	YES	NO	Date Applied:			
Food Stamps	YES	NO	Date Applied:			
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:			
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: _			
Any other type of help	YES	NO	Date Applied:			Amount:
CONTRACTOR STATE STATE OF THE S	Herophylanos	1 E. 610 En	OTHER ADU	LT	union was	SELECTION ASSESSMENT OF THE PARTY OF THE
Subsidized Sec. 8, HUD, or o	ther publ	ic housi			ied:	
Utility Allotment	YES		Date Applied:			Amount:
Food Stamps	YES	NO	Date Applied:			Amount:
AFDC Welfare	YES	NO	Date Applied:			
Other Trustee Office	YES	NO	Date Applied:			
Social Security (any type)	YES	NO	Date Applied:			
V.A. Benefits (any time)	YES	NO	Date Applied:			
EAP Utility Assistance	YES	NO	Date Applied:			
FEMA Funds	YES	NO	Date Applied:			
Unemployment Benefits	YES	NO	Date Applied:			
Grants / Loans Any other type of help Has anyone in the household of YES, why? Has anyone in the household of YES, why?	YES YES been term	NO NO ninated	Date Applied: _ Date Applied: _ from, refused or l	had AFDC I	oayments	Amount: Amount: reduced? YES NO
f YES, when and where?			left E. melle() by contra			inclined to relaterate
	Eropioya					Date Notice , to a sec-

READ CAREFULLY* NOTICE OF PUBLIC LAW

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 cooperate 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 Code 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 of heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-16-5 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 for 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 townshi	ip and actively seek employment as a cond	lition of receiving trustee assistance?
Applicant: YES NO Other	er Adult: YES NO Other Ad	ult: YES NO
If no, explain why not:	Balde one Applied Company	Y moments adult
Internal Control of the Control of t	Station A shart Constitute	quielt Income a commune mare
	period Dais Applied	
	Sen Will Date Applieds & Land	
Hard Date Company of the Mary Company of the Compan	Affidavit	
the best of my knowledge and belief in have not withheld any information on m of my family and household, and that I	erjury that the information I have given on every respect as to myself and member of latters bearing upon the eligibility and need and the members of my family and house so certify that I have not been convicted unce.	my family and household, and that I d for relief from myself and members hold have no other means of support
Signature of Applicant	Signature of Other Adult	Signature of Other Adult

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I,, Case Nu	ımber, re	esiding at
HIS APPEICATION	ISTICAL SCALMART OF T	, Indiana, consent to
the disclosure of the following information to	bout families 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 a	assistance.	
5. Past or present employment.		
6. Pending claims or causes of act	ion.	
7. A medical condition if relevant	to work or workfare requirement	nts.
8. Any other information required	by law.	
This information may be used only in connection w	vith:	
(1) My township assistance application from	Township	County, IN.
(2) My application for public assistance from the D		
Medicaid Policy and Planning.	and chirdren	country offices and the office of
(c) Guiero (u ung).		
Signature of Applicant Signa	ature of Other Adult	Signature of Other Adult
Date Signed	Date Signed	Date Signed
This consent form expir	es 180 days after the date of sign	ina
This consent form expu	es 100 days after the date of sign	uig.
ACKNOWLEDGMENT AND PLEDGE	E OF CONFIDENTIALITY I	BY THE TOWNSHIP
The undersigned township trustee or employee ack access to certain personal information and that such and exchanged only with agencies related to the under this application or as otherwise provided by law.	information is to be treated as	confidential, and is to be released
Trustee or Employee		Date Signed

MANAGER

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given	Amount	Completed	BEET WARREST THE
Ox, 022	1 4111 0 411		

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'd. Benefit	Utility \$ Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits
	Bevilling of		0.82428				
	Contier IC LACE		Sy Kilosoft			smillabasi	manative .
						1010)m/2 3/5	
	100)-daya-folios-	p (approaches if	BECK TO MERCS	market,			- 3-20,37,1
							•

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application
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Consty IN		mod acheotic	
in offices and the Office of		asistance from the Division of F	

CASE RECORD OF INVESTIGATION