

APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

DATE: _____
 NAME: _____ PHONE: _____
 ADDRESS: _____

*Please do not
write in this
column.*

CASE NO.

Number of persons living at your address: _____
 Since your application with the trustee's office dated _____ has your income, resources
 or household size changed? YES _____ NO _____
 Are you or anyone else in the household working? YES _____ NO _____
 Are you or any member of your household under a doctor's care? YES _____ NO _____
 Have you / they applied for disability? YES _____ NO _____
 If YES, what is the status of the case? _____

SINCE THE DATE OF YOUR MOST RECENT APPLICATION:

Have you applied for AFDC? YES NO If receiving, give amount _____
 Have you applied for Food Stamps? YES NO If receiving, give amount _____
 Have you applied for Unemployment? YES NO If receiving, give amount _____
 Have you applied for Energy Assistance? YES NO If receiving, give amount _____
 Have you applied for / received assistance from any other source? YES NO If YES, explain: _____

What has been the household's: **Total Income: \$** _____ **Total Expenses: \$** _____

TODAY I AM REQUESTING ASSISTANCE WITH THE FOLLOWING:	AMOUNT (\$) REQUESTED	ACTION

INCOME AND EXPENSES

INCOME is any source of benefit to you, or any member of your household, whether money or payment assistance. This includes: work income, AFDC, housing assistance, odd job money, sick pay, relative or church assistance, EAP/Project Safe payments, Worker's Compensation, Social Security benefits, unemployment, child support, vacation pay, tax returns, bartered goods, etc.

EXPENSE is any bill you have already paid or anything on which you used the above income.

LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:	AMOUNT RECEIVED	VERIFIED AMOUNT
<i>Date Received:</i> _____ <i>Received from:</i> _____ <i>Received for:</i> _____		

LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY YOU OR MEMBERS OF YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:

Please do not write in this column.

<i>Paid for:</i>	<i>Date Paid:</i>	<i>Paid to:</i>	AMOUNT (\$) PAID OUT	ALLOWED/ VERIFIED
Rent / Mortgage				
Electric service				
Gas service				
Water service				
Sewer service				
Phone payment				
Food purchased				
Babysitting / Childcare				
Transportation costs				
Medical expenses				
Insurance payment (state type)				
Household items (specify)				
Loans / Charge payments				
Other monthly cost (specify)				
Cable television				
Other (specify)				
Other (specify)				
Expenses OWED (not paid) at this time:				
Rent / Mortgage amount:				
Utilities (type and amount owed):				
Other bills (specify type and amount owed):				

AFFIDAVIT

I affirm under the penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household and has not changed since my last request for assistance other than what has been stated on this form; and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Applicant Signature _____

Date _____

Other Adult in Household _____

Date _____

Other Adult Signature _____

Date _____

Time of Day: _____ : _____ A.M./P.M.

OFFICE USE ONLY

SURPLUS / DEFICIT

TOTAL INCOME \$ _____ ALLOWED EXPENSES \$ _____ \$ _____

Investigator Notes: _____

Investigator Signature: _____