

# APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

*Please do not write in this column.*

**DATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**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>	<b>AMOUNT (\$) PAID OUT</b>	<b>ALLOWED/ VERIFIED</b>
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)				
<b>Expenses OWED (not paid) at this time:</b>				
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.

<i>OFFICE USE ONLY</i>	<i>SURPLUS / DEFICIT</i>
TOTAL INCOME \$ _____	ALLOWED EXPENSES \$ _____ \$ _____
Investigator Notes: _____	
_____	
_____	
_____	
Investigator Signature: _____	