HARDIN COUNTY
Community Services

GENERAL ASSISTANCE APPLICATION
1201 14TH AVENUE
ELDORA, IA 50627
641-939-8167

Application Date: ______________________ Date Received by Office: ______________________

First Name: ___________________ Last Name: ___________________ MI: ______ Birth Date: __________

Previous or Maiden Name: ________________________ Veteran: ☐ Yes ☐ No Dates of Service: __________

Social Security #: ______________________ Phone Number (s): ______________________________________

Sex: ☐ M ☐ F U.S. Citizen: ☐ Yes ☐ No If you are not a citizen, are you in the country legally? ☐ Yes ☐ No

Marital Status: ☐ Never married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Current Address: ____
Street Address City Zip Code

I live: ☐ Alone ☐ With Relatives ☐ With Unrelated Persons Date you moved here: ___________________

Others Living in Household:

NAME	RELATIONSHIP	BIRTH DATE

LIVING ARRANGEMENT (pick one)

☐ I rent my apartment/home and pay $___________ per week OR $__________ per month.

Landlord Name & Address: ____

☐ I am purchasing my home and my monthly payment is $__________.

☐ I own my home (mortgage is paid off). Present market value is $__________.

☐ I live with friends or relatives and pay $__________ per week OR $_________ per month.

What utilities are included in your rent? ____

Do you receive assistance with your rent? (Section 8, HUD, student house, etc.) ☐ Yes ☐ No

Are you a student? ☐ Yes ☐ No If yes, where? ____

EMPLOYMENT

Current Employment (Applicant): ☐ Unemployed ☐ Employed

Current Employment (Others in Household): ☐ Unemployed ☐ Employed

Current Employer: ________________________________ Position: ___________________________

Dates of Employment: _____________________ Hourly Wage: _________ Hours Worked Weekly: ________

Employment History (list starting with most recent to previous)

EMPLOYER	CITY, STATE	JOB TITLE	DUTIES	DATES

Emergency Contact Person

Name:____ Relationship: ___________________________

Address: ____ Phone: _________________________

INCOME: Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc. If you have reported no income, how do you pay your bills? **(Do not leave blank if no income is reported.)**

____

____

Net Monthly Income (After Taxes): Check type and fill in the amount on the lines.

	Applicant	Others in Household
☐ Social Security	____________	____________
☐ SSDI	____________	____________
☐ SSI	____________	____________
☐ Veteran's Benefits	____________	____________
☐ Employment Wages	____________	____________
☐ FIP	____________	____________
☐ Child Support	____________	____________
☐ Rental Income	____________	____________
☐ Dividends, Interest, etc.	____________	____________
☐ Pension	____________	____________
☐ Other ____________	____________	____________
Total Monthly Income	____________	____________

HOUSEHOLD RESOURCES: Check type and fill in the amount and location on the lines.

	Amount	Bank, Trustee or Company
☐ Cash	____________	____________________
☐ Checking Account	____________	____________________
☐ Savings Account	____________	____________________
☐ Certificate of Deposit (CD)	____________	____________________
☐ Trust Funds	____________	____________________
☐ Stocks and Bonds (cash value)	____________	____________________
☐ Burial Fund/Life Ins (cash value)	____________	____________________
☐ Retirement Funds (cash value)	____________	____________________
☐ Other ____________	____________	____________________
Total Resources	____________	

Motor Vehicles: ☐ Yes ☐ No Make & Year: ________________ Estimated value: __________

(include car, truck, motorcycle, Make & Year: ________________ Estimated value: __________

boat, recreational vehicle, etc.) Make & Year: ________________ Estimated value: __________

Do you, your spouse, or dependent children own or have interest in the following:

House (including the one you live in?) ☐ Yes ☐ No Any other real estate or land? ☐ Yes ☐ No

If yes to any of the above, please explain: ______________________________

____

Have you sold or given away any property in the last five (5) years? ☐ Yes ☐ No

If yes, what did you sell or give away? ______________________________

____

Health Insurance (Check all that apply)

Primary Carrier (Pays 1st)

☐ Applicant Pays ☐ Medicaid ☐ Family Planning Only
☐ Medicare A, B, D ☐ Medically Needy ☐ MEPD
☐ No Insurance ☐ Private Insurance ☐ HAWK-I

Company Name: ______________________
Address: ______________________
____
Policy Number: ______________________
(or Medicaid/Title 19 or Medicare Claim Number)
Start Date: ____________ Any limits? ☐ Yes ☐ No
Spend Down: ____________ Deductible: ____________

Secondary Carrier (Pays 2nd)

☐ Applicant Pays ☐ Medicaid ☐ Family Planning Only
☐ Medicare A, B, D ☐ Medically Needy ☐ MEPD
☐ No Insurance ☐ Private Insurance ☐ HAWK-I

Company Name: ______________________
Address: ______________________
____
Policy Number: ______________________
(or Medicaid/Title 19 or Medicare Claim Number)
Start Date: ____________ Any limits? ☐ Yes ☐ No
Spend Down: ____________ Deductible: ____________

Have you applied for any of the public programs listed below?
(Please check those you have applied for and the status of your referral)

Has your application been ☐ Approved or ☐ Denied?

If denied and you appealed, what is the date of appeal?______________

Have you applied for reconsideration? ☐ Yes ☐ No

Have you had a hearing with an Administrative Law Judge? ☐ Yes ☐ No

If yes, what was the date of the scheduled hearing? _______________

☐ Social Security __________________	☐SSDI ________________________	☐ Medicare _____________________
☐ SSI ____________________________	☐ Medicaid _____________________	☐ DHS Food Assistance __________
☐ Veterans _______________________	☐ Unemployment ________________	☐ FTP __________________________
☐ Other __________________________	☐ Other ________________________	

Disability Group/Primary Diagnosis: (if known) ____

Why are you here today? What services do you <u>NEED</u>? (this section <u>must</u> be completed as part of this application)

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____
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I do certify that all the facts given by me in this application are correct and true to the best of my knowledge. I hereby authorize any banking or savings institution, employer, firm, corporation, or persons to disclose to a representative of Community Services any information which is desired in order to document or verify that information which I have provided in connections with this application. I also understand that the information may routinely be shared with the Department of Human Services, the Department of Employment Services, the Social Security Administration, and federal, state, and county staff for auditing.

I understand that I am required to report all changes in my circumstances, such as income, resources, living arrangements, etc., which may affect continued eligibility for County General Assistance. These changes shall be reported within 10 days of the date of the change. Failure to report these changes may result in denial of continued eligibility for assistance.

____ ____________________________
Applicant's Signature (or Legal Guardian) Date

____ ____________________________
Signature of Person Completing Form Date
(if not applicant or legal guardian)