

NEW ALBANY TOWNSHIP TRUSTEE

David Brewer, Trustee

311 Hauss Square, Room 109

New Albany, IN 47150

Office: 812-948-5498

Fax: 812-981-0344

natownshiptrustee.org



After completing the application you will need to call our office to schedule a time to come into the office to bring in your required/needed documents and to finish the processing of your application.

***Please do not turn in your application without calling our office!
WE NEED TO MEET WITH YOU!***

YOUR APPLICATION WILL NOT BE PROCESSED IF YOU DON'T COME INTO THE OFFICE!

Application needs to be completely filled out. Answer ALL questions.

Application needs to be legible, able to read, if not, it will not be processed.

If you need assistance with rent, the Property Manager/Landlord needs to complete the following forms:

- a. Landlord form
- b. W-9 form

A Work-One Form will need to be completed by you or anyone on the application who has applied for unemployment benefits.

Please call our office at 812-948-5498 to schedule a time to come in or if you have any questions.

Thank you

A handwritten signature in black ink, appearing to read "David Brewer", is written over the "Thank you" text.

Signature Applicant:

Date

David Brewer
New Albany Township Trustee

311 W. First Street, Suite 109
New Albany, Indiana 47150
Office: 812-948-5498
Fax: 812-981-0344

"Serving Your Needs"

Welcome to the New Albany Township Trustee Office. For your convenience our office hours are from 8:00 A.M. to 4:00 P.M. Monday through Friday. We "ONLY" give out applications between the hours of 8:00 A.M. to 2:00 P.M. You may return applications anytime during our regular working hours. Below, you will find information concerning the application for Township Assistance and the amount of money that will assist towards each applicant needs includes "LATE" Housing up to \$200.00, "DISCONNECT NOTICE" Utilities up to \$150.00, Food, and Medicine on individual bases. Burial is according to our office policies. Each case (application) is subject to exceptions per the Trustee. These amounts are also subject to change at any time per the Trustee.

Mandatory Documentation:

1. Valid (photo) Indiana Driver's License or Valid (photo) Indiana ID/ Social Security Card for each household member
2. Copy of lease or rental agreement
3. Copy of Utility (in applicant name) current bill or past due bill (no more than 6 months)

Income for the PAST 30 DAYS

1. Proof of TNAF (award letter)
2. Employment income (last 30days) (pay-stubs or statement from employers)
3. Copy of Federal & State Tax Returns
4. SSI, SSD, or any kind of pension (award letters) including Severance Pay.
5. Workers Compensation
6. Unemployment Compensation
7. Child Support Payment Record
8. Self-Employment Income (Balance Sheets, Profit & Loss Reports)
9. Misc. Income of Odd jobs (babysitting, yard work, etc.)
10. Housing Authority utility allotment
11. Current bank and/or Credit Union Statements (Current Balance)
12. Termination or Lay-off notification

Expense Information for the Past 30 DAYS

- | | | |
|---------------------------|---------------------------|-----------------------------|
| 1. Rent or House Payments | 6. Babysitting Expenses | 11. Car Payments |
| 2. Utility Bills | 7. School Book & Tuition | 12. Transportation Expenses |
| 3. Property Taxes | 8. Child Support Payments | 13. Telephone Expenses |
| 4. Insurance | 9. Furniture Payments | 14. Cable Expenses |
| 5. Loan Payments | 10. Medical Expenses | 15. Clothing Expenses |

Household Income Guidelines

The New Albany TWP. Trustee's Office has established guidelines for individuals and households. Please familiarize yourself with these guidelines, as an applicant's eligibility strongly correlates to these guidelines.

Household Size	Net Monthly Income
1	1,128.00
2	1,518.00
3	1,907.00
4	2,297.00
5	2,686.00
6	3,760.00
7	3,950.00
8	4,140.00
Each Additional Person	\$348.00

The Workfare Program

When an applicant is found to be eligible he or she may be asked to work to repay assistance given commonly, this work is done through community service with local service agencies as assigned by the Trustee. Once these service hours are completed, applicant can reapply for Temporary Poor Relief. Failure to complete these hours may result in the denial of future assistance through the Trustee's Office. NEW ALBANY TOWNSHIP ASSISTANCE

NEW ALBANY TOWNSHIP TRUSTEE

David Brewer, Trustee

311 Hauss Square, Room 109

New Albany, IN 47150

Office: 812-948-5498

Fax: 812-981-0344

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TO: Property Owner/Agent

TENANT:

A tenant, who is unable to pay his/her rent, has requested Emergency Assistance from the New Albany Township Trustee's Office and has listed you as his/her landlord. If the tenant is approved for Township assistance and obtains the balance of the rent due, the tenant will be issued a voucher for the Trustee's portion of the rent. Once issued, the tenant and the landlord are required to verify and accept payment by signing the voucher and returning it to the Township Trustee's office. Upon return, the Trustee's office will issue payment for its portion by U.S. MAIL to the property owner. **In completing this form and then signing a voucher, you are stating that you have all money needed to keep from evicting the above tenant for 30 days from date of voucher.** If you have any questions please feel free to call the Trustee's Office at (812)948-5498.

Respectfully,

David Brewer, Trustee

PLEASE COMPLETE the following information to help determine the tenant's eligibility for assistance:

PLEASE PRINT:

Amount of Rent Payment: \$ _____ Per: _____

Date of Last Payment: _____ Next Due Date: _____

Is the Tenant Past Due? ☐ YES ☐ NO If yes, how much is Owed: \$ _____

Name of Property: _____

Owner/Landlord: _____

Address of Property: _____

Email: _____

Phone: _____ Fax: _____

THIS IS NOT A VOUCHER! A Determination for Assistance HAS NOT BEEN COMPLETED

To be Completed by Landlord/Property Owner

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



RELEASE OF INFORMATION

*APPLICANT'S NAME: _____

Additional names used during employment: _____

*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: _____ - _____ - _____

****Applicant contact information**

Email Address: _____ Phone Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

*SIGNATURE OF APPLICANT

*TODAY'S DATE:

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

☐ Check this box if a Power of Attorney is attached.

NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

*SIGNATURE OF REQUESTOR: _____

*Printed Name of the Requestor: _____

* Requesting Organization: _____

*Email Address: _____

*Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

***REQUIRED FIELDS**

****Applicant's phone number, email address, or mailing address is required.**

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.

LKE Form

Application For Township Assistance

Phone Number () -	Application Date / /	Application Time :	<input type="checkbox"/> AM <input type="checkbox"/> PM	Case Number
Area ### ####	MM DD YY	HH MM (total)	office use only	

Applicant's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female			- -	/ /
Last	First	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female			- -	/ /
Last	First	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female			- -	/ /
Last	First	MI	optional	MM DD YY

Current Address

				____ Months ____ Years
Street Address/P.O Box	Apt.#	City, State	Zip	How Long

Previous Address

				____ Months ____ Years
Street Address/P.O Box	Apt.#	City, State	Zip	How Long

Question	Applicant	Other Adult	Other Adult
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your martial status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> 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 in advance at least 48 hours.

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

Person's Name	Relationship	Date of Birth	Social Sec. # (optional)	Income Source	Amount (monthly)
Print _____	<input type="checkbox"/> Yourself	/ /		No Income	Wages
Signature _____		- -		Social Security	AFDC
				Unemployment	Pension
				Veteran's	Support
				Insurance	Gifts
				Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /		No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -		Social Security	AFDC
	<input type="checkbox"/> Relative			Unemployment	Pension
	<input type="checkbox"/> Room Mate			Veteran's	Support
	<input type="checkbox"/> Other Adult			Insurance	Gifts
				Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /		No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -		Social Security	AFDC
	<input type="checkbox"/> Relative			Unemployment	Pension
	<input type="checkbox"/> Room Mate			Veteran's	Support
	<input type="checkbox"/> Other Adult			Insurance	Gifts
				Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /		No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -		Social Security	AFDC
	<input type="checkbox"/> Relative			Unemployment	Pension
	<input type="checkbox"/> Room Mate			Veteran's	Support
	<input type="checkbox"/> Other Adult			Insurance	Gifts
				Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /		No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -		Social Security	AFDC
	<input type="checkbox"/> Relative			Unemployment	Pension
	<input type="checkbox"/> Room Mate			Veteran's	Support
	<input type="checkbox"/> Other Adult			Insurance	Gifts
				Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /		No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -		Social Security	AFDC
	<input type="checkbox"/> Relative			Unemployment	Pension
	<input type="checkbox"/> Room Mate			Veteran's	Support
	<input type="checkbox"/> Other Adult			Insurance	Gifts
				Strike Benefits	Other

Total adults in the household: _____ Total children in the household: _____
 Total of ALL persons living in the household: _____
 Total GROSS income received in the household last 30 days: \$ _____
 Does anyone live in this household temporarily or occasionally? YES NO
 If YES, who and how often: _____

List all motorized vehicles owned by ANY person in this household:

Type: _____ (Car / Truck / Boat / Motorcycle) Year: _____ Make: _____
 Type: _____ (Car / Truck / Boat / Motorcycle) Year: _____ Make: _____
 Type: _____ (Car / Truck / Boat / Motorcycle) Year: _____ Make: _____

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
	Name: _____	Name: _____	
What is your income status?	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income
What is your employment status?	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work

*answers require
explanation below

OTHER FINANCIAL INFORMATION						
	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand?	Yes	No	Yes	No	Yes	No
IF YES, give amount	\$ _____		\$ _____		\$ _____	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account?	Yes	No	Yes	No	Yes	No
IF YES, give name of each bank & current balance	_____		_____		_____	
Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)?	YES NO		YES NO		YES NO	
If yes, explain:	_____					

PROPERTY OWNERSHIP

	Applicant	Other Adult	Other Adult
	Yes No	Yes No	Yes No

Do you own any property? _____

IF YES, address: _____

Name of mortgage company: _____

Amount of mortgage payment: _____

Number of years owned: _____ Approximate market value of home: _____

RENTAL HISTORY

Number of adults on the lease: _____ Co-lessee's name (if any): _____

Name of apartment complex or landlord: _____

Address of complex or landlord: _____

Phone number of complex or landlord: _____

What date did you move into this rental unit: _____ Monthly rent amount: _____

Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____

Are any utilities included? YES NO If yes, which ones? _____

EMPLOYMENT HISTORY

	Applicant	Other Adult Name _____	Other Adult Name _____
Your most recent employer: _____			
Date you started work there: _____			
Date you last worked there: _____			
Reason not working now: _____			
2nd most recent employer: _____			
Date you started work there: _____			
Date you last worked there: _____			
Reason not working now: _____			

MILITARY SERVICE

	Applicant	Other Adult	Other Adult
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP

Is everyone in the household a U.S. citizen? YES NO

If no, please explain status by which you are in the U.S.: _____

[illegible]

CHILD SUPPORT	
If there are minor children in the home, is child support ordered for them by a court?	YES NO
If not will you go to court to get support?	YES NO
If NO, explain: _____	
Are you receiving child support? YES NO	If YES, how much? _____
Name & address of child(ren)'s other parent if not in household: _____	

OTHER SOURCES OF HELP
<p>Have you or someone in the household been helped from any other source such as churches, multi-service centers, or friends whom you have not already listed on this form? YES NO</p> <p>If YES, who, how much & when? _____</p> <p>_____</p> <p>_____</p>

[illegible]

EXPENSE INFORMATION

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

[illegible]

What do you owe today on your rent or mortgage? \$_____

What do you owe today on your utilities? _____

Electricity \$_____ Gas/Heating \$_____ Water \$_____ Cable \$_____

Telephone \$_____ Sewer \$_____ Trash Removal \$_____ Other \$_____

Are any of these bills in someone else's name? YES NO

If YES, which ones and whose name? _____

What is your reason for asking for Trustee help?

- ☐ No Income
☐ Not Enough Income
☐ Income Stolen
☐ Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application:

YES NO

If YES, explain: _____

Specifically, what are you asking for help with today?

OTHER PUBLIC ASSISTANCE

Are you receiving or have you applied for the following:

APPLICANT

Subsidized Sec. 8, HUD, or other public housing: YES NO Date Applied: ____ \ ____ \ ____

Utility Allotment YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

Food Stamps YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

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: ____ \ ____ \ ____ Amount: ____

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: ____ \ ____ \ ____ Amount: ____

Any other type of help YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing: YES NO Date Applied: ____ \ ____ \ ____

Utility Allotment YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

Food Stamps YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

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: ____ \ ____ \ ____ Amount: ____

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: ____ \ ____ \ ____ Amount: ____

Any other type of help YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing: YES NO Date Applied: ____ \ ____ \ ____

Utility Allotment YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

Food Stamps YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

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: ____ \ ____ \ ____ Amount: ____

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: ____ \ ____ \ ____ Amount: ____

Any other type of help YES NO Date Applied: ____ \ ____ \ ____ Amount: ____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? _____

READ CAREFULLY* NOTICE OF PUBLIC LAW

Read
X
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 you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3. IC 12-20-6-5 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.

X
Signature of Applicant Signature of Other Adult Signature of Other Adult
Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?
Applicant: YES NO Other Adult: Yes No Other Adult: Yes No
If not, explain why not: _____

Affidavit

I certify and affirm under 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 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 that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

X
Signature of Applicant Signature of Other Adult Signature of Other Adult
Note: All household members eighteen and older must sign where indicated for application to be complete.

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

_____, Case Number _____, residing at _____
_____, Indiana, consent to the
disclosure of the following information 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 assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) My township assistance application from _____ Township _____ County, IN.
- (2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) Others (if any).

Signature of Applicant

Signature of Other Adult

Signature of Other Adult

Date Signed

Date Signed

Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

Trustee or Employee

Date Signed