

O'BRIEN COUNTY GENERAL ASSISTANCE APPLICATION

**BOX 525
PRIMGHAR, IA 51245
712-957-5985**

DATE _____

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____

How long lived at this address _____

Previous Address _____

Telephone Number _____

Birthdate _____ Social Security # _____

Are you a citizen: Yes _____ No _____ Veteran _____
(If so, date of service)

MEMBERS OF FAMILY IN THE HOUSEHOLD (use back if more space is needed)

Name: Birthdate: Social Security Number:

OTHER PERSONS IN HOUSEHOLD

Name: Birthdate: Social Security Number:

RELATIVES OUT OF HOUSEHOLD

Name: Birthdate:

EMPLOYMENT/EMPLOYMENT HISTORY

Is there any reason you are unable to work? YES_____ NO_____

If yes, explain_____

Are you registered at a job service? YES_____NO_____

Are you currently employed? YES_____ NO_____

If yes, where are you employed? _____

If yes, what is your salary/hourly wage? _____How many hours do you work per week? _____

If no, last employment _____

If no, why? FIRED_____ LAID OFF_____ QUIT_____

Are you receiving unemployment benefits? YES_____ NO_____ If yes, how much? _____

Are there students in your household who are enrolled in a full-time vocational or academic program beyond the twelfth grade of high school? YES _____ NO_____

List employment history of all household members:

Person	Worked for & Address	Dates	Salary	Reason for unemployment

A.) PERSONAL PROPERTY

Vehicles	Amount of Payment	Date Purchased	Value

Do you have any other personal property such as:

BOATS_____SNOWMOBILES_____MOTORCYCLES_____CAMPERS_____

OTHER _____

Do you have cable television? _____ Monthly Cost _____

Cell Phone _____ Monthly Cost _____

List any other personal property of value: _____

CHECKING ACCOUNT: Bank _____ Balance _____

SAVINGS ACCOUNT: Bank _____ Balance _____

STOCKS and BONDS _____

REAL ESTATE (other than the home you live in) _____

Please list all insurance policies carried by you, your spouse, and/or dependent:

Persons Covered	Name of Co.	Policy #	Face Value	Yr. Pur.	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHARGE CARDS OR PERSONAL LOANS:

Type	Amount	Monthly Payments	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B.) SHELTER

Are you RENTING or BUYING your home? (Circle one) Amount of monthly payment _____

Whom are you renting or buying from _____
(First) (Last)

What is their phone number? _____

What is their address? _____

If renting, is this a relative to anyone in the household? YES _____ NO _____

If yes, what relation _____

If buying, how much equity _____

C.) OTHER MONTHLY EXPENSES

TYPE	AMOUNT	MONTHLY PAYMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

D.) OTHER PROGRAMS WHICH HAVE PROVIDED ASSISTANCE:

TYPE	DATES	AMOUNT	HAVE YOU APPLIED (yes/no)
FIP	_____	_____	_____
FOOD STAMPS	_____	_____	_____
SSI	_____	_____	_____
SOCIAL SECURITY	_____	_____	_____
SOCIAL SECURITY DISABILITY	_____	_____	_____
VETERANS	_____	_____	_____
UPPER DES MOINES	_____	_____	_____
WORKMAN'S COMP	_____	_____	_____
CHILD SUPPORT	_____	_____	_____
OTHER SOURCES OF INCOME	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

CERTIFICATION STATEMENT:

I understand I assume full responsibility for the accuracy to the statements on this form and I understand the General Assistance Office will use these statements to determine my eligibility for General Assistance.

I am aware that this information may be verified and investigated. I hereby authorize all persons to release confidential information concerning my personal situation to the O'Brien County General Assistance Office, if it deems such information is necessary.

I will notify the O'Brien County General Assistance Office of any transaction regarding my property, including but not limited to anticipated income or property such as inheritance, lump sum payments on delinquent child support of current child support or any change in income or living arrangements of myself of any member of my family. I also understand that I am to reimburse the General Assistance Office for any money received by me or paid to a vendor on my behalf to which I was not entitled.

Signature of Applicant Date

IF YOU ARE DISSATISFIED WITH THE GENERAL ASSISTANCE DIRECTOR'S ACTION YOU MAY APPEAL TO THE BOARD OF SUPERVISORS OR O'BRIEN COUNTY.

OFFICE USE:

REQUEST: Rent _____ Utilities _____ Medications _____
Medical _____ Burial _____ Other _____

APPROVED _____ **DENIED** _____ **PENDING** _____

Signature of General Assistance Worker Date