

# HANCOCK COUNTY GENERAL ASSISTANCE APPLICATION FORM

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last First MI

Birth Date: \_\_\_\_\_ SS #: \_\_\_\_\_

Current Address: \_\_\_\_\_ When did you move to this address: \_\_\_\_\_

Street City State Zip County

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

U.S. Citizen ☐ Yes ☐ No Veteran ☐ Yes ☐ No Marital Status: \_\_\_\_\_

Others in Household: List additional on a separate piece of paper

Name	Relationship	Birth Date

Current Employment: Employer Name: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
☐ Unemployed, available for work ☐ Unemployed; unavailable for work ☐ Retired  
☐ Employed, Full-time ☐ Employed, Part-time ☐ Student

Primary Income Source: \_\_\_\_\_

Monthly Income for Applicant and Others in Household: (Check Type, Fill in amount)

<input checked="" type="checkbox"/>		Applicant Amount	Others in HH Amount	Name
<input type="checkbox"/>	Employment Wages			
<input type="checkbox"/>	Social Security			
<input type="checkbox"/>	SSDI			
<input type="checkbox"/>	SSI			
<input type="checkbox"/>	Veterans Benefits			
<input type="checkbox"/>	Railroad Pension			
<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	Dividends, Interest, Etc.			
<input type="checkbox"/>	Other			
<input type="checkbox"/>	FIP			
<input type="checkbox"/>	Unemployment			
<input type="checkbox"/>	Rent Subsidy			
<input type="checkbox"/>	Heat Assistance			
<input type="checkbox"/>	Food Stamps			

If not currently receiving, has the applicant applied for any of the following benefits?

☐ Unemployment Compensation ☐ Social Security Disability ☐ Energy Assistance  
☐ SSI ☐ FIP ☐ Ministerial Fund

What is the status of any such application?

☐ Approved ☐ Denied ☐ Pending

**Resources:** (Check and fill in amount and agency)

<input checked="" type="checkbox"/>	Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/>	Cash		
<input type="checkbox"/>	Checking Account		
<input type="checkbox"/>	Savings Account		
<input type="checkbox"/>	Certificates of Deposit		
<input type="checkbox"/>	Trust Fund		
<input type="checkbox"/>	Life Insurance (cash value)		
<input type="checkbox"/>	Stocks and Bonds		
<input type="checkbox"/>	Vehicle	Value:	Make & Year:
<input type="checkbox"/>	Real Estate	Value:	Location:
<input type="checkbox"/>	Burial Fund/Trust		Irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Other Resources		

**Current Case Manager or Social Worker:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Person Completing the Form** (if other than applicant)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Do you have a Guardian, Payee, or Conservator?** ☐ Yes ☐ No**If yes, who is your payee?** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Assistance Requested:**☐ Rent ☐ Utilities ☐ Burial ☐ Medical**Landlord or Company Name:** \_\_\_\_\_**Phone:** \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge, and I authorize Hancock County staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of the County in establishing my ability to pay for services requested and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.

I understand that failure to provide requested information may result in my application being denied. I also agree to make every effort to secure employment, which will enable me to support myself or my family. I hereby authorize any banking or savings institution, employer, firm, corporation, or persons to disclose to a representative of Hancock County any information which is necessary to document or verify that information which I have provided in connection with this application. I also understand that the information may routinely be shared with state and county staff for auditing.

I swear or affirm under penalty of perjury that:

- I am the person named above.
- I am a citizen of the United States.
- I live at the address listed above.
- I am a resident of Hancock County. I do not claim the right to vote anywhere else.

**WARNING** If you sign this form and you know the information is not true, you may be convicted of perjury and fined up to \$10,245 and/or jailed for up to 5 years.

**X**

Signature of Applicant (or Legal Guardian)

Date

**RETURN THIS FORM TO:**

Hancock County Community Health  
c/o General Assistance  
545 State St Garner, IA 50438  
Ph. 641-923-3676 F. 641-923-2636