

APPLICATION FOR COUNTY ASSISTANCE

Last Name

First

Middle

Street Address

City

State

Zip Code

Telephone Number: _____

ASSISTANCE REQUESTING: _____

MARITAL STATUS: Married ___ Widowed ___ Divorced ___ Separated ___ Single ___

FAMILY: List EVERYONE living in your home INCLUDING YOURSELF

NAME	Relationship	Date of Birth	SS#	Employment
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INCOME: List ALL SOURCES of income available to you, your spouse and/or dependents

YES / NO/ AMOUNT/ How often is income received

SOCIAL SECURITY _____

SUPPLEMENTAL SOCIAL SECURITY _____

CHILD SUPPORT _____

ALIMONY _____

IPERS OR OTHER RETIREMENT _____

CIVIL SERVICE _____

VETERAN'S BENEFITS _____

OTHER PENSIONS OR COMPENSATION _____

INSURANCE PAYMENTS _____

EARNINGS OR UNEMPLOYMENT BENEFITS _____

MILITARY RETIREMENT _____

INTEREST INCOME _____

OTHER (PLEASE LIST) _____

EMPLOYMENT HISTORY: List jobs you or family members have held in the past year

Name- Employer Address- Type of Work- Date Began- Date Ended- Wages-Reason left

RESIDENCY:

Are you a resident of Guthrie County? _____ YES _____ NO How Long _____

If not a resident of Guthrie County for one (1) year, where was your last full year of residency?

Address _____ City _____ County _____ State _____

ACCOUNTS: Does anyone in your home have the following resources?

Checking Acct. _____ YES _____ NO _____ Amount in Acct. _____ Name of Bank _____

Savings Acct. _____ YES _____ NO _____ Amount in Acct. _____ Name of Bank _____

Stocks or Bonds _____ YES _____ NO _____ Amount _____ Location _____

Time Certificates/CD's: _____ YES _____ NO _____ Amount _____ Name of Bank _____

Burial Fund/Insurance _____ YES _____ NO _____ Amount _____ Location _____

Trust Fund Acct. _____ YES _____ NO _____ Amount _____ Location _____

VEHICLES:

Auto: ___ YES ___ NO ___ MAKE/YR ___ MARKET VALUE ___ AMT. OWED

Pickup: ___ YES ___ NO ___ MAKE/YR ___ MARKET VALUE ___ AMT.OWED

Camper/RV ___ YES ___ NO ___ MAKE/YR ___ MARKET VALUE ___ AMT.OWED

Other: _____ MAKE/YR _____ MARKET VALUE ___ AMT.OWED

LIVESTOCK OR MACHINERY: If applicable, list item, value, and amount owed

1. _____ 2.
- _____ 3.
- _____ 4.
- _____ 5.
- _____
6. _____

MONTHLY HOUSEHOLD EXPENSES:

Rent or Mortgage _____

Telephone/Cell phone _____

Electricity _____

Internet _____

Heat/Gas _____

Cable/Satellite TV _____

Water/Sewer _____

Food _____

Toiletries _____

Fuel/Transportation _____

Life Insurance _____

Health Insurance _____

Burial Insurance _____

Are You in receipt of FOOD STAMPS, if so how much per month? _____

If requesting RENTAL ASSISTANCE: A copy of the signed rental/lease agreement must be provided with application for rental assistance.

To WHOM the payment is made _____ mailing address _____

Monthly Rent amount: _____ Address of rental dwelling _____

RELEASE OF INFORMATION:

I hereby authorize any person or organization to provide the Guthrie County General Relief Office any information requested about myself or the members of my household. A copy of this release is as valid as the original. The release does not apply to protected health information and expires twelve (12) months from the date signed.

Printed Name

Signature

Date

I _____ state that I have read this application and the information provided is true and complete. I understand that providing false information may result in legal action against myself and the denial of assistance.

Printed Name

Signature

Date