



**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**

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**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.**

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**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.*

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**Printed Name**

**Signature**

**Date**