

**STORY COUNTY COMMUNITY SERVICES
GENERAL ASSISTANCE APPLICATION**

GA # _____
(Office use only)

Date of Application: _____ Adults 18 and over in household: _____

WHAT KIND OF HELP DO YOU NEED? Children under 18 in household: _____

Rent: Current \$ _____ Past Due \$ _____ Utilities included? Yes No

Late rent fees: \$ _____ Utilities: Current \$ _____ Past Due \$ _____

Deposit: Rent or Utilities Medications Burial Other _____

Ethnicity: White African American Native American Hispanic Other _____

Last Name First Name Middle Sex M / F Date of Birth

Maiden / Other names Marital Status M / S / D / W Name of Spouse

Soc. Sec. # Email address Telephone #

Are you a U.S. citizen? Yes No If No, are you a permanent resident? Yes No

Present Address: _____
Street City State Zip County Move-in Date

Landlord Name: _____ Is your landlord a relative? Yes No

Previous Addresses: (This section **must** be completed.)

1. _____

2. _____

3. _____

Address City State County From To

List All Members of the Household: (include relatives, children in home on a full-time basis, roommates, etc.)

NAME	BIRTHDATE	ETHNICITY	RELATIONSHIP

Have you or your spouse served in the military on federal active duty? Yes No

Is anyone in the household a college student (university, community college, trade/technical school, online) Yes No

Is anyone in the household receiving food stamps? Yes, amount _____ No, reason _____

Is your rent based on your income? (Section 8, HUD, CIRHA, Student housing) Yes No

Are you receiving assistance from any other community agencies? Yes, amount _____ No

Are you currently employed? Yes No Are other adult household members currently employed? Yes No

Has anyone in the household voluntarily quit a job or been fired in the last 90 days? Yes No

Does anyone in the household have a current Limited Benefit Plan (LBP) for DHS FIP benefits? Yes No

Household net income (take home pay) for the last 30 days:

	Applicant	Others in Household
Employment wages & tips	\$	\$
Assistance from family/friends	\$	\$
FIP	\$	\$
Social Security / SSDI / SSI	\$	\$
Veterans Benefits	\$	\$
Unemployment Benefits	\$	\$
Child Support / Alimony	\$	\$
Income Tax refund	\$	\$
Other (Dividends, Interest, etc.):	\$	\$
Total monthly household net income	\$	\$

For the last 30 days, list any payments made on the following bills:

Medical/mental health	Prescriptions	Child Support (if not already deducted from your check)
\$	\$	\$

Resources (include amounts in whole dollars and location):

Resource	Applicant	Others in Household	Location
Cash on hand	\$	\$	
Checking account	\$	\$	
Savings account	\$	\$	
Other (Stocks/Bonds/Trust funds):	\$	\$	

Employment History (for applicant and other adult household members):

	Name	Employer	City	From: Month / Year	To: Month / Year
Applicant:					
Applicant:					
Other adult in household:					
Other adult in household:					

I certify that the above information is true and complete to the best of my knowledge, and I authorize Story County Community Services staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of Story County in establishing my eligibility for services requested and may also be shared with The Salvation Army, Good Neighbor Emergency Assistance, and The Bridge Home to facilitate application for their assistance if deemed necessary.

Applicant's Signature (or Legal Guardian)

Date