

Amy Lacy, Director  
Doris Preyer, Deputy Director  
Zionsville Town Hall  
1100 West Oak Street  
Zionsville, Indiana 46077

Office Hours: Monday-Friday 8:00 am - 4:00 pm  
Office: 317.873.8240 Voice Mail: 317.733.2813 Fax: 317.873.8021  
Email: [dpreyer@zionsville-in.gov](mailto:dpreyer@zionsville-in.gov)

To: Public Assistance Applicant	Date:
Subject: Application Process	

In order to receive assistance for Public Assistance please:

- # Complete the Application for Public Assistance form. On Page 6 detailed information is requested regarding household expenditures in the last 30 days. Be sure to sign your name on all of the "Signature of Applicant" lines. **Please read application carefully and provide all information requested.**
  
- # Before assistance is granted you must make an appointment for assistance at Boone County Family Social Services and Community Action of Greater Indianapolis (CAGI) and provide proof of appointments. If you have already applied to or assistance is already being provided by these agencies, proof of application/assistance is required.
  - ✓ Boone County Division of Family Resources  
[www.in.gov/fssa](http://www.in.gov/fssa)  
362 North Mt. Zion Road  
P. O. Box 548  
Lebanon, IN 46052  
Telephone Number: 800-403-0864  
Office Hours: Monday-Friday, 8:00 a.m. - 4:30 p.m.
  
  - ✓ Community Action of Greater Indianapolis  
[www.cagi-in.org](http://www.cagi-in.org)  
510 W. Camp Street  
Lebanon, Indiana 46052  
Telephone Number: 765-482-7018  
Office Hours: Monday-Thursday, 9:00 a.m. - 3:00 p.m. (Walk-in Appointments may be available on Fridays)

**Proof of appointments or assistance from the above agencies will be requested before assistance can be granted by the Town of Zionsville.**

- # The following documentation will be required with this application:
  - Picture ID                                      Proof of Income (last 30 days - all adult household members)
  - Lease Agreement                              Utility bills [if energy assistance is requested]
  - Verification of Eligibility (included in application packet)Once application is completed, please return it to the Clerk-Treasurer's Office at Zionsville Town Hall. After review of your application, a Case Manager will contact you to discuss your needs.

# Application for Township Assistance

NOTE: Social Security numbers are optional

PHONE NUMBER (    )    -	APPLICATION DATE /    /	APPLICATION TIME :    : <input type="checkbox"/> AM <input type="checkbox"/> PM	CASE NUMBER
AREA ### #####	MM    DD    YY	HH    MM    (total:    )	office use only

## Applicant's Full Name

Social Security # <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth /    /
LAST                      FIRST                      MI                      optional	MM   DD   YY

## Other Adult's Full Name

Social Security # <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth /    /
LAST                      FIRST                      MI                      optional	MM   DD   YY

## Other Adult's Full Name

Social Security # <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth /    /
LAST                      FIRST                      MI                      optional	MM   DD   YY

## Current Address

Street Address / P.O. Box	Apt. #	City, State	Zip	___ Months ___ Years How Long
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## Previous Address

Street Address / P.O. Box	Apt. #	City, State	Zip	___ Months ___ Years How Long
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QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicap status. Anyone needing special aid, readers, or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check  the relationship to the applicant and **circle** ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

NOTE: Social Security numbers are optional

Person's Name	Relationship		Income Source	Amount (monthly)
_____ Print	<input type="checkbox"/> Yourself	<input type="text" value="/"/> <input type="text" value="/"/> Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Signature		<input type="text" value="-"/> <input type="text" value="-"/> Social Sec. # (optional)		
_____ Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/"/> <input type="text" value="/"/> Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Signature		<input type="text" value="-"/> <input type="text" value="-"/> Social Sec. # (optional)		
_____ Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/"/> <input type="text" value="/"/> Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Signature		<input type="text" value="-"/> <input type="text" value="-"/> Social Sec. # (optional)		
_____ Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/"/> <input type="text" value="/"/> Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Signature		<input type="text" value="-"/> <input type="text" value="-"/> Social Sec. # (optional)		
_____ Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/"/> <input type="text" value="/"/> Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Signature		<input type="text" value="-"/> <input type="text" value="-"/> Social Sec. # (optional)		
_____ Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/"/> <input type="text" value="/"/> Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
_____ Signature		<input type="text" value="-"/> <input type="text" value="-"/> Social Sec. # (optional)		

Total adults in the household: \_\_\_\_\_ Total children in the household: \_\_\_\_\_  
 Total of ALL persons living in the household: \_\_\_\_\_  
 Total GROSS income received in the household last 30 days: \$ \_\_\_\_\_  
 Does anyone live in this household temporarily or occasionally? YES NO  
 If YES, who and how often: \_\_\_\_\_

List all motorized vehicles owned by ANY person in this household:  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
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	Name: _____	Name: _____	
What is your income status?	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income

	Name: _____	Name: _____	
What is your employment status?	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work

*\*answers require explanation below*

**OTHER FINANCIAL INFORMATION**

	Applicant	Other Adult	Other Adult
Do you have life insurance?	Yes No	Yes No	Yes No
Do you have another type of insurance?	Yes No	Yes No	Yes No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes No	Yes No	Yes No
Do you have any cash on hand? IF YES, give amount	Yes No \$ _____	Yes No \$ _____	Yes No \$ _____
Do you have a checking account?	Yes No	Yes No	Yes No
Do you have a savings account? IF YES, give name of each bank & current balance	Yes No _____	Yes No _____	Yes No _____
Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)?	YES NO	YES NO	YES NO
If yes, explain: _____			

PROPERTY OWNERSHIP			
	Applicant	Other Adult	Other Adult
	Yes No	Yes No	Yes No
Do you own any property? _____			
IF YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY
Number of adults on the lease: _____ Co-lessee's name (if any): _____
Name of apartment complex or landlord: _____
Address of complex or landlord: _____
Phone number of complex or landlord: _____
What date did you move into this rental unit: _____ Monthly rent amount: _____
Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____
Are all utilities included? YES NO If yes, which ones? _____

EMPLOYMENT HISTORY		
	Applicant	Other Adult
		Name _____
Your most recent employer: _____		Name _____
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		
2nd most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		

MILITARY SERVICE			
	Applicant	Other Adult	Other Adult
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP
Is everyone in the household a U.S. citizen? YES NO
If no, please explain status by which you are in the U.S.: _____
_____





**OTHER PUBLIC ASSISTANCE**

Are you receiving or have you applied for the following:

**APPLICANT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ \ _____ \ _____	
Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ \ _____ \ _____	
Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ \ _____ \ _____	
Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? \_\_\_\_\_

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? \_\_\_\_\_

**READ CAREFULLY\* NOTICE OF PUBLIC LAW**

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days of heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-16-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

**I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.**

_____ Signature of Applicant	_____ Signature of Other Adult	_____ Signature of Other Adult
<b>Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?</b>		
Applicant:    YES    NO	Other Adult:    Yes    No	Other Adult:    Yes    No
If no, explain why not: _____		

**Affidavit**

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and member of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

_____ Signature of Applicant	_____ Signature of Other Adult	_____ Signature of Other Adult
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Note: All household members eighteen and older must sign where indicated for application to be complete.

# CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, \_\_\_\_\_, Case Number \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, Indiana, consent to the disclosure of the following information to Doris Preyer, Deputy Director, the investigator of township assistance for Eagle, Union, Perry Township Boone County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) My township assistance application from Eagle, Union, Perry Township Boone County, IN.
- (2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) Others (if any).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

*This consent form expires 180 days after the date of signing.*

## ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

\_\_\_\_\_  
Trustee or Employee

\_\_\_\_\_  
Date Signed

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given \_\_\_\_\_ Amount \_\_\_\_\_ Completed \_\_\_\_\_

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'd. Benefit	Utility # Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION

**VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT**  
**REQUIRED BY INDIANA CODE 12-32-1**

I, \_\_\_\_\_ (printed name), am a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

OR

\_\_\_\_\_ (printed name), is a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)

## NOTES