

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 Fax: 317.873.8021

Email: dpreyer@zionsville-in.gov

To: Public Assistance Applicant	Date:
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Subject: Application Process

In order to receive public assistance, please:

1. 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.
2. Before assistance is granted you must make an appointment for assistance at Boone County Family Social Services; and if you need utility assistance, Area IV Agency. Proof of appointment will be required. If you have already applied or assistance has already being provided by these agencies, proof of application/assistance is also required.

./ Boone County Division of Family Resources

www.in.gov/fssa

362 North Mt. Zion Road

P. O. Box 548

Lebanon, N46052

Telephone Number: 800-403-0864

Office Hours: Monday-Friday, 8:00 a.m. - 4:30 p.m.

Area IV Agency:

Send applications to:

PO Box 4727 (Appointments will take place in the Aspire Building 1600 W. Main Street, Lebanon, IN 46052)

Lafayette, Indiana 47903

Telephone Number: 765-447-7683. Alt. Number in Lafayette is 765-485-5106

Office Hours: Tuesdays, Thursdays & Fridays Only by Appointment, 8:00 a.m. - 4:30 p.m.

(closed for lunch from 12-1 p.m. Appointments are only available for clients that are in danger of disconnection or have already been disconnected. All others must mail in or drop off application.

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

3. 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 Checking and Savings Account Statement (last 30 days)

Once application is completed, please return it to the Office of Finance and Records at the 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 #	Date of Birth
		<input type="checkbox"/> male <input type="checkbox"/> female	/ /
LAST	FIRST MI	optional	MM DD YY

Other Adult's Full Name		Social Security #	Date of Birth
		<input type="checkbox"/> male <input type="checkbox"/> female	/ /
LAST	FIRST MI	optional	MM DD YY

Other Adult's Full Name		Social Security #	Date of Birth
		<input type="checkbox"/> male <input type="checkbox"/> female	/ /
LAST	FIRST MI	optional	MM DD YY

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

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

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="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____		<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Spouse	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Relative	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Room Mate	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Other Adult	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____		<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Spouse	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Relative	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Room Mate	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Other Adult	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____		<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Spouse	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Relative	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Room Mate	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Other Adult	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____		<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Spouse	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Relative	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____	<input type="checkbox"/> Room Mate	<input type="text" value="- -"/>		
Print _____	<input type="checkbox"/> Other Adult	<input type="text" value="/ /"/>	No Income Wages Social Security AFDC Unemployment Pension Veteran's Support Insurance Gifts Strike Benefits Other	
Signature _____		<input type="text" value="- -"/>		

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

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
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*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		
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 any utilities included? YES NO If yes, which ones? _____	

EMPLOYMENT HISTORY		
	Applicant	Other Adult Name _____
Your most recent employer: _____		Other Adult 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
Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?		
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)