

JACKSON COUNTY GENERAL ASSISTANCE

Jackson County Courthouse
201 West Platt Street
Maquoketa, IA 52060

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GENERAL ASSISTANCE APPLICATION

READ THIS FIRST!

To apply for Jackson County General Assistance:

1. Fill out the application.
2. Gather all the items listed below.
3. Call the Intake Officer to schedule an intake.
4. Bring the completed application and ALL the items on the list to the intake.
5. The Intake Officer will determine if the application is complete and can be accepted.

If you don't bring ALL the items listed below, no assistance can be given!

Once an application is accepted, the Intake Officer will schedule an interview with the General Assistance Director or other approving official. General Assistance office hours are Monday – Friday, 8:30 am to noon. When the approving official determines that an application is complete, a decision will be made within ten (10) working days.

ALL ITEMS ARE REQUIRED FOR EVERYONE LIVING IN THE HOME.

1. Application – **fill in all blanks.**
2. Identification – Driver's License or Social Security card **for everyone living in the home.**
3. If all adults are not employed full-time, provide proof of their registration at Iowa Workforce Development (formerly Job Service). This is not required if they are elderly, disabled, or the primary caregiver of a child under six (6) years of age. (Ask for these forms.)
4. Proof of all income for the last 8 weeks (last 6 mos. for self-employment) **for everyone living in the home:**
 - a) Paystubs or a signed statement from employer verifying gross and net wages, including pay-dates.
 - b) Self-employment records for last 6 months.
 - c) Proof of Unemployment Compensation benefits.
 - d) Proof of disability or pension benefits.
 - e) Personal Income Record from any other work.
 - f) **Any** other source of income.
5. Federal and State Income Tax Returns for last year **for everyone living in the home.**
6. SSI or Social Security verification **for everyone living in the home**, showing:
 - Monthly benefits, or
 - "Receipt Letter" showing when you applied and/or
 - A letter denying benefits

7. Notice of Decision from Department of Human Services (DHS) **for everyone living in the home** (FIP/ADC, Title XIX or Food Stamps) showing:
 - Benefits, or
 - Denial of benefits, or
 - Appointment letter if no decision has been made yet.
8. Bank statements for all accounts **for everyone living in the home**
 - Last three checking statements.
 - Last three savings statements or up-to date savings books.
 - For all other types of bank accounts, provide a signed statement from the bank or financial institution.
9. Life Insurance Policies showing cash value **for everyone living in the home.**
10. **ONLY** if you are applying for utility assistance, provide most recent Utility bill (and disconnection notice, if received). (Utility bills **MUST** be in the applicant's name.)

If you don't bring all the items listed above, no assistance can be given!

General assistance is available to families and individuals who are poor or in need, when such persons are not supported by their own means, relatives, or other public or private resources, in accordance with the policies specified herein.

General assistance shall be administered promptly, humanely and equitably so as to assist in providing decent and healthful living to poor and needy persons within the scope of monies appropriated.

The General Assistance Program shall:

- **Provide aid to meet the needs of persons who are poor as defined in Iowa Code 252.1 ("individuals who have no property, exempt or otherwise, and are unable, because of physical or mental disabilities, to earn a living by labor").**
- **Provide aid to meet the needs of persons who are not currently eligible for any federal/state public assistance and who meet the eligibility standards specified, and**
- **Meet the needs of eligible persons in emergency situations.**

JACKSON COUNTY GENERAL RELIEF

Application for Assistance

APPLICANT INFORMATION:

Name: _____ Date: ____ / ____ / ____
Last First MI Previous and Maiden Names

Address: _____
Street City State Zip County)

What date did you move to this address? _____

Phone: (____) - ____ - ____ Social Security Number ____ - ____ - ____

ASSISTANCE REQUESTED:

Shelter (Rent) ____ Food ____ Burial ____ Medical ____ Personal Care Items ____

Utilities including: Lights ____ Water ____ Fuel ____ Other ____

HOUSEHOLD INFORMATION (STARTING WITH APPLICANT):

NAME	SEX	SS#	RELATIONSHIP	DOB
			SELF	

PERSONAL INFORMATION:

Are you your own guardian? Yes ____ No ____

I am presently: Single ____ Married ____ Divorced ____ Widowed ____ Separated ____ Other ____

Are you or your spouse a veteran? Yes ____ No ____ Enlist Date _____ Discharge Date _____

If service was during active war-time, and discharge was honorable, here and contact worker.

How long have you lived in U.S? _____ Iowa? _____ Jackson County? _____

If less than one year, what other counties have you lived in? _____

Have you ever received General Assistance from Jackson or another county? _____

REASONS FOR DENIAL: I understand that General Assistance shall be denied to a household who: does not meet the guidelines, refuses to answer any questions on the application, fails to provide requested verification and/or information, attempts to falsify the application or verifications, or misrepresents the household's situation in any way.

EMPLOYMENT INFORMATION:

Employed? Yes ___ No ___ Name of employer: _____

Address: _____

If not employed, why? _____

If not employed, date of last employment? _____

Employer? _____

Are you or anyone in the household disabled? ___ Yes ___ No

Who and when was determination of disability? _____

Reason for leaving employment? Health ___ Quit ___ Laid-off ___ Seasonal Work ___ Terminated ___ Business Closed ___

Other Reason ___ Explain: _____

Is your spouse employed? Yes ___ No ___ If yes, where? _____

If not, why? _____

Any other members of the household 18 years of age or over employed? Yes ___ No ___

Where? _____

If not, why? _____

If not employed, are you or other family members registered with Iowa Workforce?

Yes ___ No ___ Where are you/they registered? _____ You must show proof.

HEALTH INFORMATION:

If you cannot work because of health reasons, are you willing to provide a physicians note? ___ Yes ___ No

Does anyone in the household have medical coverage? Yes ___ No ___

Title XIX (Medicaid): ___ Medicare: ___ Private insurance: ___ Other: ___

If yes, what type _____ Through who? _____ Company _____

HOUSING INFORMATION:

Do you own your home? Yes ___ No ___ Are you buying it? Yes ___ No ___

Do you rent? Yes ___ No ___

Landlord name? _____ Landlord Phone #: (____) - ____ - ____

Landlord Address: _____
Street City State Zip

Is the landlord related to any of the household members in ANY way? (parent, child, aunt/uncle, grandparent, boyfriend/girlfriend, spouse/fiancé) Yes ___ No ___

If yes, give relationship: _____

INCOME: Have you or has anyone in your household applied for, or received, any of the following sources of income in the last 8 weeks? For each applicable source of income, please indicate “yes”, “no” or “applied for,” along with the monthly net amount received.

SOURCE:	NO	YES	APPLIED FOR IN (MONTH/YEAR)	MONTHLY NET AMOUNT
Employment				
Unemployment / Workers Comp				
Self-Employment				
Pension				
Child Support / Alimony				
Interest / Dividends				
SSI or Social Security Disability				
FIP (ADC / ADC-UP)				
Food Assistance including EBT				
Rent or Utility Assistance				
Student Loans / Grants				
Rent Paid to you				
Inheritance / Estate				
Cash from friends or family				
Any other income				
TOTAL HOUSEHOLD INCOME				

ASSETS:

Do you own, or are you buying, your home, a farm, any land or real estate building, or property? ____ Yes ____ No

If yes, what specifically? _____

What is the current fair market value? _____ How much do you still owe? _____

Do you, or anyone in your household, have any of the following:

ITEM:	NO	YES	VALUE
Cash on hand			
Checking Account			
Savings Account			
Life Insurance with cash value			
CD's or IRA's			
Stocks or bonds			
Burial trusts / contracts			
Guns or firearms			
Antiques or Collectables			
Jewelry (besides wedding rings)			
Farm Equipment			
Livestock			
Machinery, tools, or equipment			
Any other asset			
TOTAL VALUE OF ASSETS			

List all motor vehicle: including cars, trucks, motorcycles, recreational vehicles, boats, etc.

Year	Type	Make	Fair Market Value	Amount Owed

Monthly Living Expenses

Payment Amount

Paid To Whom

Monthly Living Expenses	Payment Amount	Paid To Whom		
Rent/Mortgage				
Heat (Gas/Electric/LP)				
Water/Sewage				
Trash				
Phone (Landline)				
Phone (Cell)				
Internet (Cable/DSL/Satellite)				
Car/Truck				
Auto Insurance				
Health Insurance				
Charge Cards/Loans				

OTHER INFORMATION:

Have you applied anywhere else for assistance in the last 6 months? Yes ___ No ___

If yes, where and determination? _____

If you have not lived at your present address for at least one full consecutive year, list your previous addresses and the dates you lived there:

AUTHORIZATION SIGNATURE / AGREEMENT TO REPAY:

I understand that by signing this Agreement to Re-pay, and accepting any relief assistance from Jackson County General Relief Department that I may be required to repay the full amount of any assistance granted, if or when I am able to do so, and that failure to do so shall result in denial of future assistance.

*I understand that giving false information in this application and/or to the General Assistance staff is **unlawful**, can be considered fraud and may be referred to the Jackson County Attorney for court action. It may also result in my becoming permanently ineligible for future assistance. Also, giving false information on this application or to the General Assistance staff, or refusing to provide requested information, may result in denial of assistance and being ineligible for more assistance for one (1) year.*

I understand that according to the Code of Iowa, my estate may be subject to recovery by the county for assistance granted. I further understand that my homestead may be subject to recovery by the county for assistance granted in if there is no surviving spouse or child as defined in Section 234.1.

Do Not Sign! Signature(s) must be notarized or signed in presence of General Assistance Director or Intake Officer!

(Signature of Applicant) Date

(Signature of Co-Applicant) Date

(Signature of Director or Intake Officer) Date

STATE OF IOWA, COUNTY OF _____

Signed and sworn before me, on this _____ day of _____, 20____,

by _____
Name(s) of Persons

Notarized by: _____, Notary Public

Print Name: _____ (Seal)

My commission expires: _____

FOR OFFICE USE ONLY

___ Resident ___ Non-Resident (county of residency?): _____

___ Poor (County of Legal Settlement?) _____ ___ Needy

___ Approved ___ Denied

Authorization to Release Information

I hereby authorize Jackson County General Assistance to release the information I have provided (including use of social security numbers) for the purpose of checking the accuracy of that information by contacting any local, state or federal government agency, private business, church, firm, agency, any financial institution, YWCA DV/SA Resource Centers of Jackson & Clinton Counties and _____.

I also authorize Jackson County General Assistance to inform vendors to whom assistance would be paid on my behalf, including my landlord, whether my application has been approved or denied.

In addition, I hereby authorize all of the previously named agencies and persons as well as all persons (doctors, employers, Department of Human Services (DHS), other Relief or Veterans Affairs Offices, banks, etc.) to release confidential information to Jackson County General Assistance if it deems such information necessary. This release is valid for one (1) year from the date of signature.

I solemnly swear that the statements I have made are true and correct to the best of my knowledge and belief.

Do Not Sign!

Signature must be notarized or signed in the presence of the General Assistance Director or Intake Officer!

_____ (Signature of Applicant)	_____ Date
_____ (Signature of Co-Applicant)	_____ Date
_____ (Signature of Director or Intake Officer)	_____ Date

STATE OF IOWA

COUNTY OF _____

Signed and sworn before me, on this _____ day of _____, 20____,

by _____
Name(s) of Persons

Notarized by: _____, Notary Public

Print Name: _____ (Seal)

My commission expires: _____