

**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  Mental Health/Disability services

Medical/Hospital  Medications  Burial  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	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  No Amount \_\_\_\_\_

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:**

	<b>Applicant</b>	<b>Others in Household</b>
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.):	\$	\$
<b>Total monthly household net income</b>	\$	\$

**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):**

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

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

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

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