

**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

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

Date of Birth Soc. Sec. # 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:

	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 establishing my eligibility for services requested.

Applicant's Signature (or Legal Guardian)

Date