

# Story County GA / VA Application for Assistance

ID # \_\_\_\_\_  
(office use only)

Date of Application: \_\_\_\_\_

Number of Adults *18 and over* in household: \_\_\_\_\_

Number of Children *under 18* in household: \_\_\_\_\_

Have you or anyone you currently live with served in the U.S. military *on federal active duty*?  Yes  No

### What Kind of Help Do You Need?

**Rent:** Current \$ \_\_\_\_\_ Past Due \$ \_\_\_\_\_ Are Utilities Included?  Yes  No

Late Rent Fees \$ \_\_\_\_\_  **Utilities:** Current \$ \_\_\_\_\_ Past Due \$ \_\_\_\_\_

**Rent Deposit**  **Utility Deposit**  **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

Ethnicity:  White  African American  Native American  Hispanic  Other \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Move-in Date \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Is your landlord a relative?  Yes  No

Previous Addresses (complete address history *for the past year*):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Move-in Date \_\_\_\_\_ Move-out Date \_\_\_\_\_

### List ALL people living in the home (include relatives, children in home on a full-time basis, roommates, etc.)

Name	Birthdate	Ethnicity	Relationship

(If more space is needed, ask for Page 1B to continue listing people living in the home.)

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, amount \_\_\_\_\_  No

Are you currently employed?  Yes  No Are other adults in the household 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

List **ALL** household *net* income (take home pay) for the last 30 days: From \_\_\_\_\_ To \_\_\_\_\_

Type of Income	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.)	\$	\$
<b>Total Household Net Income for the Last 30 Days</b>	\$	\$

For *the last 30 days*, list any *payments* made on the following bills:

Medical / Mental Health	Prescriptions	Child Support (if <i>not</i> already deducted from your paycheck)
\$	\$	\$

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 for other adults in the household):

Who	Name	Employer	City	Start Date	End Date
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 General Assistance and Veterans Affairs 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 and Good Neighbor Emergency Assistance to facilitate application for their assistance if deemed necessary.

\_\_\_\_\_  
Applicant's Signature (or Legal Guardian)

\_\_\_\_\_  
Date