

**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 \$ \_\_\_\_\_ or Past Due \$ \_\_\_\_\_
- Utilities: Current \$ \_\_\_\_\_ or 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 How Long?

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 establishing my eligibility for services requested.

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

\_\_\_\_\_  
Date