

**Sarah Gnagy, Trustee**  
**ST. JOSEPH TOWNSHIP • ALLEN COUNTY**

POST OFFICE BOX 15337  
FORT WAYNE, INDIANA 46885



PHONE: (260) 485-5993

FAX: (260) 492-2779

**\*\*\*\*\*IMPORTANT: SAVE THIS INFO FOR YOUR RECORDS/REFERENCE\*\*\*\*\***

- Be VERY thorough in filling out the application. Avoid using "NA": If something does not apply, leave it blank. **Make sure you are filling Social Security #'s, signatures, income, etc. for ALL members of the Household.**
- Once you have collected as much of the required paperwork listed on the blue sheet, return the paperwork and your completed application to our office using the mail slot that is in the door (Door #12). Note: ***This is NOT a Postal Service mail slot and does not require postage.***
  - DO NOT include your **actual** Driver's License, Social Security cards or Birth Certificates if you are dropping off information when the office is not open. You may send a copy of these documents either by **fax (260) 492-2779** or email: **info@sjtwp.com**
  - If you need copies of your documents made, you may arrange for them to be copied in the office during our normal business hours.
- If you have not applied for Food Stamps (SNAP), you will need to apply for that benefit: **fssabenefits.in.gov** and screen shot the confirmation page to: **info@sjtwp.com**
- You may drop off your information 24/7. It will be processed during normal business hours and days. Please take note of our Office Hours:

**Mondays and Wednesdays 8:00a -1:00p and Fridays 8:00a-noon**

**September thru Memorial Day**

**Mondays, Wednesdays and Thursdays 8:00a-1:00p**

**June-Labor Day**

Please help yourself by being as thorough and specific as you can when filling out the application (ex: MARCH rent, electric, etc.) and providing all the supporting documentation. If you have another emergency need, let us know and we will do our best to connect you with other services that are offered in the community.

You may also call our office with any questions you may have.

## St. Joseph Township - Allen County

Sarah Gnagy, Trustee

P.O. Box 15337, Fort Wayne, IN 46885

Phone: (206) 485-5993 Fax: (260) 492-2779

[info@sitwp.com](mailto:info@sitwp.com)

Located at the corner of Maplecrest Road and St. Joe Center Road – 6033 Maplecrest Road.

**Please use this checklist to gather all required documents to be turned in with your completed application.**

Bank Activity Summary of all transactions for the past <b>60</b> days from date of application for <b>all</b> accounts ( <b>all</b> pages), including all online bank accounts. We need to see the account numbers, name on the account, and name of the bank. You will need to go to your bank to request this if you cannot access it online.
Proof of income for the past <b>60</b> days from date of application for <b>all</b> adults in the household. This includes check stubs, cash apps, child support, benefits/loans/school loans, unemployment, tax refunds, stimulus checks, social security, disability, tips, cash advances, money given/lent by others, etc.
Any type of cash app (or peer-to-peer mobile payment apps) transaction history for <b>all</b> apps used the past <b>60</b> days from date of application for <b>all</b> adults – screen shots may be sent. This <b>MUST</b> include dates of transactions. Google for instructions on how to get this.
Photo ID for <b>all</b> adult members of the household, 18 years of age or older. Social Security cards and Birth Certificates for everyone in the household.
<b>All</b> members of the household 18 years of age or older must fill out/sign township application.
<u>Full</u> lease ( <b>all</b> pages) - Include FWHA paperwork, if applicable.
Current Utility bills (electric, gas, water/sewage, Internet, cell phone, Cable/Dish TV). Please include <b>all</b> pages of the bill for Internet, Phone, and/or Cable/Dish TV bills.
Federal and State Tax forms and W-2 forms for the most current year you filed.
Food Stamps/TANF/Medicaid referral or written verification of benefits received (800-403-0864).
Proof of Child Support payment or Verification that Child Support has been filed for each child.
Car Registration(s).
Brightpoint Energy Assistance verification.
Verification as to why you were released from a job in the past <b>60</b> days from date of application.
Letter(s) from anyone who lent/gave you money or paid expenses in your behalf in the past <b>30</b> days from date of application. Letter must have dates and amounts, plus full name, address, and phone number of the person(s) who helped.
Receipts to show how income has been spent in the past <b>30</b> days from date of application.

This is a general list of required documents. Please note that as the process continues, the township may require more information. You will be contacted accordingly. Please note, if needed, our office can make free copies during our normal business hours. Documents can also be emailed to [info@sitwp.com](mailto:info@sitwp.com).

# Application for Township Assistance

NOTE: Social Security numbers are optional

PHONE NUMBER (    )    -	APPLICATION DATE /       /	APPLICATION TIME :       . <input type="checkbox"/> AM <input type="checkbox"/> PM	CASE NUMBER

<b>Applicant's Full Name</b>			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

<b>Other Adult's Full Name</b>			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

<b>Other Adult's Full Name</b>			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

<b>Current Address</b>				___ Months ___ Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

<b>Previous Address</b>				___ Months ___ Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicap status. Anyone needing special aid, readers, or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check  the relationship to the applicant and circle ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

NOTE: Social Security numbers are optional

Person's Name	Relationship	Date of Birth	Income Source	Amount (monthly)
_____	<input type="checkbox"/> Yourself	<input type="text" value="/ /"/>	No Income	Wages
Print		Date of Birth	Social Security	AFDC
_____		<input type="text" value="- -"/>	Unemployment	Pension
Signature		Social Sec. # (optional)	Veteran's Insurance	Support Gifts
			Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other

Total adults in the household: \_\_\_\_\_ Total children in the household: \_\_\_\_\_  
 Total of ALL persons living in the household: \_\_\_\_\_  
 Total GROSS income received in the household last 30 days: \$ \_\_\_\_\_

Does anyone live in this household temporarily or occasionally? YES NO  
 If YES, who and how often: \_\_\_\_\_

List all motorized vehicles owned by ANY person in this household:

Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
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	Name: _____	Name: _____	
What is your income status?	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income

What is your employment status?	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work
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*\*answers require explanation below*

**OTHER FINANCIAL INFORMATION**

	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand? IF YES, give amount	Yes	No	Yes	No	Yes	No
	\$ _____		\$ _____		\$ _____	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account? IF YES, give name of each bank & current balance	Yes	No	Yes	No	Yes	No
	_____		_____		_____	
Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)?					YES	NO
If yes, explain:	_____					

PROPERTY OWNERSHIP			
	Applicant	Other Adult	Other Adult
	Yes No	Yes No	Yes No
Do you own any property? _____			
IF YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY	
Number of adults on the lease: _____ Co-lessee's name (if any): _____	
Name of apartment complex or landlord: _____	
Address of complex or landlord: _____	
Phone number of complex or landlord: _____	
What date did you move into this rental unit: _____ Monthly rent amount: _____	
Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____	
Are any utilities included? YES NO If yes, which ones? _____	

EMPLOYMENT HISTORY		
	Applicant	Other Adult
	Name _____	Name _____
Your most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		
2nd most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		

MILITARY SERVICE			
	Applicant	Other Adult	Other Adult
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP	
Is everyone in the household a U.S. citizen? YES NO	
If no, please explain status by which you are in the U.S.: _____	
_____	

### FAMILY INFORMATION

Applicant's Maiden Name (if married): \_\_\_\_\_  
 Household members' relatives (parents, brothers, sisters, grandparents, aunt, uncles) including "step" relatives:

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>How have they helped? Are they willing to help?</b>
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### CHILD SUPPORT

If there are minor children in the home, is child support ordered for them by a court? YES NO

If not will you go to court to get support? YES NO

If NO, explain: \_\_\_\_\_

Are you receiving child support? YES NO If YES, how much? \_\_\_\_\_

Name & address of child(ren)'s other parent if not in household: \_\_\_\_\_

### OTHER SOURCES OF HELP

Have you or someone in the household been helped from any other source such as churches, multi-service centers, or friends whom you have not already listed on this form? YES NO

If YES, who, how much & when? \_\_\_\_\_

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### CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS

Amount of Debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amt. Paid	Last Pay Date

### EXPENSE INFORMATION

List below any payments made by any household member to any source in the last thirty (30) days:

Amount	Paid to	Date Paid

Amount	Paid to	Date Paid

What do you owe today on your rent or mortgage? \$ \_\_\_\_\_

What do you owe today on your utilities? \_\_\_\_\_

Electricity \$ \_\_\_\_\_ Gas/Heating \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_ Trash Removal \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Are any of these bills in someone else's name?      YES    NO

If YES, which ones and whose name? \_\_\_\_\_

What is your reason for asking for Trustee help?

- No Income
- Not Enough Income
- Income Stolen
- Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application:  
 YES    NO

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specifically, what are you asking for help with today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**OTHER PUBLIC ASSISTANCE**

Are you receiving or have you applied for the following:

**APPLICANT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ \ _____ \ _____	
Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ \ _____ \ _____	
Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ \ _____ \ _____	
Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? \_\_\_\_\_

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? \_\_\_\_\_

**READ CAREFULLY\* NOTICE OF PUBLIC LAW**

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to operate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days of heating fuel or electric services assistance unless you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

**I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.**

_____	_____	_____
Signature of Applicant	Signature of Other Adult	Signature of Other Adult
<b>Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?</b>		
Applicant: YES NO	Other Adult: Yes No	Other Adult: Yes No
If not, explain why not: _____		

**Affidavit**

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and member of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

_____	_____	_____
Signature of Applicant	Signature of Other Adult	Signature of Other Adult

**Note: All household members eighteen and older must sign where indicated for application to be complete.**

# CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, \_\_\_\_\_, Case Number \_\_\_\_\_, residing at \_\_\_\_\_, Indiana, consent to the disclosure of the following information to \_\_\_\_\_, the investigator of township assistance for \_\_\_\_\_ Township \_\_\_\_\_ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) My township assistance application from \_\_\_\_\_ Township \_\_\_\_\_ County, IN.
- (2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) Others (if any).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

*This consent form expires 180 days after the date of signing.*

## ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

\_\_\_\_\_  
Trustee or Employee

\_\_\_\_\_  
Date Signed

**(THIS PAGE FOR TOWNSHIP USE ONLY)**

**WORK ORDER:**

Given \_\_\_\_\_ Amount \_\_\_\_\_ Completed \_\_\_\_\_

*STATISTICAL SUMMARY OF THIS APPLICATION*

Date	# Recipients Rec'd. Benefit	Utility # Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

**CASE RECORD OF INVESTIGATION**

NOTES:

# HOUSEHOLD EXPENSE FORM

for last 30 days

from \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number in Household: \_\_\_\_\_

## INCOME

(All money I had in last 30 days)



## EXPENSES

(How I spent this money-not what you owe)



	Adult #1	Adult#2		Adult #1	Adult #2
Earnings #1			Medical/Rx		
Earnings #2			Housing		
TANF (not Food Stamps)			Food (not Food Stamps)		
Savings			Electric (AEP)		
Tax Refund			Gas (NIPSCO)		
Social Security			City Utilities		
Disability (SS)			Telephone/Cell		
Unemployment Benefits			Paper Products Personal Hygiene		
Child Support			Cable TV/Dish/Internet		
Pensions			Laundry		
Money from Family/Friend			Child Care		
Churches/Agency			Car Payment, Gas, Car Insurance, Bus Pass, Taxi, Repairs		
Other Income			Clothing		
Stimulus Check			School		
Utility Allowance			Credit/Loan Payment		
Cash App			Other Expenses		
<b>Total \$</b>			<b>Total \$</b>		

VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT  
REQUIRED BY INDIANA CODE 12-32-1

I, \_\_\_\_\_ (printed name), am a United States citizen or  
qualified alien (as defined under 8 U.S.C. 1641).

OR

\_\_\_\_\_ (printed name), is a United States citizen or  
qualified alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)

**AUTHORIZATION TO RELEASE INFORMATION AND RECORDS**

To the following person or institution:

Business or Agency Name:

You are hereby authorized to furnish to the Trustee of Saint Joseph Township for inspection and copying, all records pertaining to any of the following transactions and to discuss with properly identified personnel of Saint Joseph Township, without limitation, all information provided herein:

- real property transactions;
- tangible personal property transactions;
- bond, share, and commodity transactions;
- banking transactions;
- business operating transactions;
- insurance transactions;
- beneficiary transactions;
- gift transactions;
- fiduciary transactions;
- claims and litigation;
- family maintenance;
- benefits from military service;
- records, reports, and statements;
- estate transactions;
- all other matters.

In addition to the above information, I hereby specifically authorize all parties possessing any knowledge of crimes of which I have been convicted or outstanding warrants which may have been issued for my arrest to release to the Trustee of Saint Joseph Township, or said Trustee's authorized employee or agent, any and all information related to my criminal record or warrants issued for my arrest.

The records and reports are requested for use in determining eligibility for Township Assistance. I acknowledge that this authorization may be revoked by me at any time, except to the extent that action has been taken in reliance thereon.

**Township Office Use Only:**

**Applicant/Co-Applicant:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_