

Chickasaw County General Assistance Application

Name: _____ DOB: _____ SSN: _____

Current Address: _____ Resided County: _____

of Years living at this address: _____ Preferred Phone Number: _____

Gender: ☐ Male ☐ Female Married? ☐ YES ☐ NO Race: _____ Hispanic/Latino ☐ YES ☐ NO

Veteran? ☐ Yes ☐ No Level of Education: ☐ None ☐ H.S. Diploma/GED ☐ Associates ☐ Bachelors or Higher

Are you a US Citizen/or Have Documented Legal Status? ☐ YES ☐ NO

Are you 18 years of age, married or an emancipated minor? ☐ YES ☐ NO

SPOUSE/DEPENDENTS/OTHERS IN HOUSEHOLD: (must list dates of birth) use back if more room needed

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

CURRENT EMPLOYMENT STATUS (if minor, this would be parent/guardian employment status) (Circle one)

_____ Unemployed _____ Student (age 19+) _____ Retired
_____ Employed _____ Supported Employment _____ Other

☐ I am unable to work due to a mental or physical disability (written verification from a professional health care provider required)

LIST INCOME & RESOURCES FOR ALL HOUSEHOLD MEMBERS (19 YEARS AND OLDER)

Earned Income (examples: wages, salaries, fees or exchanged services derived from labor, professional service or self-employment). *Deductions from earned income other than state and federal taxes must be added back to determine countable earned income.*

EARNED INCOME FOR LAST 30 DAYS	APPLICANT	OTHERS IN THE HOUSEHOLD
Employment Wages, Salaries, Tips	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
Exchanged Services Derived from Labor	\$ _____	\$ _____
Other Earned Income	\$ _____	\$ _____

Unearned Income (examples: income derived from invested capital, child support payments, alimony, inheritances, gifts, public assistance, benefit, pension programs, social security payments or any other type of monetary payment not defined as earned income.

UNEARNED INCOME FOR LAST 30 DAYS	APPLICANT	OTHERS IN THE HOUSEHOLD
Social Security/SSDI/SSI	\$ _____	\$ _____

Family Investment Program (FIP)/other Public Assistance	\$	\$
Veteran's Benefits	\$	\$
Unemployment Benefits	\$	\$
Child Support/Alimony	\$	\$
Dividends, Interest, Income Tax Refund	\$	\$
Other Unearned Income or Lump Sum Payment(s)	\$	\$

RESOURCES & ASSETS

Do you have liquid assets? ☐ YES ☐ NO

	Applicant	Others in the Household	Location
Cash on Hand	\$	\$	
Checking Account	\$	\$	
Savings Account	\$	\$	
Others (Stocks, Bonds, Trust funds)	\$	\$	

Is your household vehicle value at or below \$5,000? ☐ YES ☐ NO ☐ N/A

Is your household net worth (assets minus debts) at or below \$2,000 for a household of one or \$4,000 for households of two or more? ☐ YES ☐ NO

☐ I own no property

If you own property, complete questions below:

Is your primary homestead county assessed value at or below \$50,000? ☐ YES ☐ NO ☐ N/A

Do you own other property? ☐ YES ☐ NO If yes, please indicate that property value \$_____

Have you transferred any property within the last three months? ☐ YES ☐ NO

If yes, please indicate that property value \$_____

Have you purchased property within the last three months? ☐ YES ☐ NO

If yes, please indicate that property value \$_____

Have you applied for all other available assistance programs? ☐ YES ☐ NO If Yes, please describe the status of those applications.

I certify that the above information is true and complete to the best of my knowledge and I authorized NEICAC staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of Chickasaw County in establishing my eligibility for services requested.

Applicant's Signature: X **Date:** _____

☐ APPROVED ☐ DENIED Reason for Denial _____

Staff Signature: _____ **Date:** _____