

## **Howard 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 Howard County in establishing my eligibility for services requested.

**Applicant's Signature:** X **Date:** \_\_\_\_\_

APPROVED  DENIED Reason for Denial \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_