

## Boone County General Relief

Boone County General Relief is here to assist with rent, utility bills, life threatening medical prescription needs, and burial. In order to determine if you are eligible, you need to fill out an application. Please complete the attached application. Once we receive a completed application, we will call or emailed you with interview time. Please make sure you provide a clearly readable phone number and email address. Expect a phone call from 515-433-0595 to arrange an interview. If you have no phone available, let the receptionist know and we will make accommodations for you. If you have questions, call 515-433-0593 and a receptionist will assist you. If you have an email address, please list it on the first page of the GA application.

### RETURN the APPLICATION THE FOLLOWING WAYS:

1. Fax the completed application to 515-432-2480
2. Email the completed application to [ccs\\_fax@boonecounty.iowa.gov](mailto:ccs_fax@boonecounty.iowa.gov)
3. Mail the application to Boone County General Relief, 900 West 3<sup>rd</sup> St, Boone, Ia. 50036
4. Leave the completed application in the designated box in the lobby and you will be called for an interview.

You will need to provide verification of income for the past 30 days, current bank statement, copy of current bill that you are requesting assistance for, current lease, current child support statement, letter from Salvation Army as to eligibility, and letter from IMPACT as to eligibility. If you provide this requested information with the application or soon thereafter, it will greatly speed up the eligibility process.

WE WILL NOT ACCEPT SNIPS OR PICTURES OF VERIFICATION FORMS, OR APPLICATIONS. WE NEED THEM SCANNED TO US AS A PDF ATTACHMENT.

If you cannot scan as a PDF attachment, please bring everything to the office.

If you are not receiving FIP, Food Assistance, Medical, or CIRHA please complete an application for those services. You must apply for all benefits for which you might be eligible for. Applications are available in the lobby for each of these programs.

**BOONE COUNTY**  
900 WEST 3<sup>RD</sup> STREET  
BOONE, IOWA 50036  
OFFICE: (515) 433-0593 OR FAX: (515) 432-2480  
Email: ccs\_fax@boonecounty.iowa.gov

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**APPLICATION FOR GENERAL ASSISTANCE**

**I. IDENTIFYING INFORMATION:**

First Name	Middle	Last	Social Security #	Date of Birth
Street Address	City	State	Zip Code	Phone Number

**Email Address** \_\_\_\_\_

Type and Amount of Assistance Requested (please state): \_\_\_\_\_

\_\_\_\_\_

**VETERANS STATUS:**      Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of service: \_\_\_\_\_

**Household Members:** Please list everyone living in the household

Name	Relationship	Social Security #	Birthdate	Male or Female

In the last three years, list the places you have resided. Begin with present address.

From Mo./Yr.	To Mo./Yr.	Street/City	County/State

## II. INCOME

Does anyone in your home receive any of the following income? Check "Yes" or "No" for each item.  
Complete the information line on items checked "Yes".

Source of Income	Circle One	Amount	How Often is Income Received?	Name or Names of Person(s) Receiving
FIP	YES NO			
Self Employment	YES NO			
Employment	YES NO			
Student Loan or Grant Training Allowance, JTPA	YES NO			
Unemployment	YES NO			
Worker's Comp.	YES NO			
Railroad Retirement	YES NO			
Social Security	YES NO			
Supplemental Security Income (SSI)	YES NO			
Veterans Benefits	YES NO			
Child Support or Alimony	YES NO			
Military Dependency Allotment or Allowance	YES NO			
Disability Insurance Payments	YES NO			
IPERS	YES NO			
Civil Service	YES NO			
Other Pension or Compensation	YES NO			
Money from other persons, gift, loans	YES NO			
Money from Interest Dividends	YES NO			
Room and/or Board	YES NO			
Commissions or Other Lump Sum Payments	YES NO			
Other (Explain)	YES NO			

### EMPLOYMENT HISTORY: (Most Recent)

Person	Employer	Kind of Work	Date Began	Date Ended	Monthly Wages	Reason for Discontinuing

### III. RESOURCES

Does anyone in your home have any of the following resources? Circle "Yes" or "No" for each item.  
Complete the information line for items checked "Yes".

	YES	NO	Amount	Location	Person(s)
Cash on Hand					
Checking Acct.					
Savings Account					
Stocks/Bonds					
Time Certificates					
Burial Contract/Plot					
Conservatorship/Trust					
Safety Deposit Box					

	YES	NO	Make/Year	Market Value	Amount Owed
Automobile(s)					
Truck(s) or Motorcycle(s)					
Snowmobile(s) or Boat(s)					
Mobile Home(s) or Camper(s)					
Other (Specify)					

Has anyone in your home received anything with cash value in the last two years (i.e., gifts, inheritance, winnings, settlements, etc.)?

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, list item and cash value \_\_\_\_\_

### IV. EXPENSES:

Do you own, or are you buying the home in which you are living? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are buying, your monthly payment is \$ \_\_\_\_\_.

If you rent, your monthly rental payment is \$ \_\_\_\_\_.

Does anyone in your home own or are buying real estate other than your homestead? Yes \_\_\_\_ No \_\_\_\_

Current month's utilities (lights, gas, water, garbage): \$ \_\_\_\_\_

Current month's child care costs: \$ \_\_\_\_\_

Do you pay monthly child support? Yes \_\_\_\_ No \_\_\_\_ If so, how much? \$ \_\_\_\_\_

### IV. MISCELLANEOUS INFORMATION:

Does anyone in your home have any of the following?

Life Insurance of Burial Benefits? \*Yes \_\_\_\_\_ No \_\_\_\_\_ Health Insurance? \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, list insurance company, address, policy number, and coverage: \_\_\_\_\_

If employed, does your employer offer health insurance? \_\_\_\_\_

If so, what is the cost and/or the waiting period? \_\_\_\_\_

Have you, your spouse, or dependent applied for all the benefits for which you might be eligible?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you an American Citizen? Yes \_\_\_\_\_ \*No \_\_\_\_\_

\*If no, are you a legal alien? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you, your spouse, or dependent children have a serious disability? \*Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. MY ELECTRONIC SIGNATURE BELOW ALSO GIVES PERMISSION TO THE BOONE COUNTY GENERAL ASSISTANCE PROGRAM TO SHARE ANY AND ALL INFORMATION REGARDING MY REQUEST FOR ASSISTANCE WITH: DEPARTMENT OF HUMAN SERVICES, EMPLOYERS, VETERAN'S AFFAIRS, COMMUNITY ACTION CENTER, SALVATION ARMY, LANDLORDS, MORTGAGE COMPANIES, UTILITY COMPANIES, AND MEDICAL PROVIDERS. THIS IS FOR THE PURPOSE OF DETERMINING INITIAL AND ONGOING ELIGIBILITY FOR ASSISTANCE. THIS ELECTRONIC SIGNATURE IS VALID FOR ONE YEAR FROM THE DATE OF ELECTRONIC SIGNATURE OR UNTIL SERVICES ARE TERMINATED. I UNDERSTAND I MAY REVOKE THIS STATEMENT AT ANY TIME BY WRITTEN NOTIFICATION TO THE BOONE COUNTY GENERAL ASSISTANCE PROGRAM.**

\_\_\_\_\_  
Signature of Applicant (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant (or Legal Guardian)

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

The answers from information that you provide on this application gives us the facts we need in order to decide if you are eligible for General Assistance. If any false statements are made regarding your income and/or resources or your current situation, your application for General Assistance may be denied. You may be required to sign an Authorization for Release of Information in order that further verification of information may be made.

### **PROHIBITION AGAINST DISCRIMINATION**

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political beliefs.

### **RIGHT OF APPEAL**

If you are not satisfied with the action of this office, you may appeal to the Director of General Assistance, Darlene Doerder, 515-433-4894. Then taken before the Board of Supervisors for an appealed decision.

### **ITEMS YOU NEED TO BRING WITH YOU:**

- \* Verification of income for all members of the household. Pay stubs for the past 30 days. If self employed, bring home records or most recent Income Tax Return.
  - \* If requesting rent assistance, bring landlord's name, address, social security number, and eviction notice (if applicable).
  - \* If requesting assistance with utilities, bring **COMPLETE** utility bill.
  - \* Doctor's statement that you are unable to work if you are considered disabled.
  - \* Verification from Job Service that all members who are required to register for work have done so.
- \*IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE LET US KNOW IN ADVANCE.**