

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
3. Mail the application to Boone County General Relief,
900 West 3rd 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 3RD STREET
BOONE, IOWA 50036
OFFICE: (515) 433-0593 OR FAX: (515) 432-2480
Email:ccs_fax@boonecounty.iowa.gov

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 |
|------|--------------|-------------------|-----------|----------------|
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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 |
|--------------|------------|-------------|--------------|
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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 |
|--------|----------|--------------|------------|------------|---------------|--------------------------|
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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".

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

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

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 or 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.**