

TRUSTEE OF HANOVER TOWNSHIP



Township Trustee
Kevin Toth

P.O. Box #1
13330 Parrish Ave.
Cedar Lake, IN 46303
Phone (219) 374-7443
Fax (219) 374-7536

Hanover Township Board
Adam Wornhoff
Maralynn Echterling
Richard Niemeyer

Assistance Checklist

Each box checked below, indicates information which is needed to determine your eligibility for Township Assistance. If you do not have the exact items listed below, you may bring in others that provide the same information. You must submit the requested papers by the deadline below, your benefits will be denied or discontinued. If you have any questions please contact this office at the above phone number.

Application submitted: _____ Deadline date: _____

_____ Two forms of Identification for EACH person in the household.
(examples: drivers license, state or military ID, birth certificate, social security card)

_____ Last 90 days of proof of all income received by EACH person in the household.
(include: earned income and/or unearned income)

_____ All entitlement letters
(Food Stamps, TANF, Medicaid, SSI, ect.)

_____ Last 90 days of proof of all household bills, both paid and unpaid.
(included, but not limited to: lease agreement, rent receipts, utility bills, ect.)

_____ Last 3 months of bank statements
(include: checking, savings, records of stocks, bonds, annuities, trust funds, and other assets)

_____ Vehicle registrations and/or titles

_____ Real property/Life Interest
(Deed, Mortgage, Land contract)

_____ other: _____

_____ other: _____

Client _____ Employee _____

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

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

OR

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

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

Dated this _____ day of _____, 20_____.

(signature)

(printed name)

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Initial Investigative Interview

Case Number _____ Date: ___ / ___ / ___ Name _____

1. Are you a citizen of the United States? Yes _____ No _____

2. Are you a resident of Hanover Township? Yes _____ No _____
If Yes, how long have you lived in Hanover Township? _____

3. What is your current address? _____

4. Do you: Own _____ Rent _____ ?
Landlord's Name & Address: _____

5. Any medical problems? Yes _____ No _____
If yes, name & address of physician? _____

6. Are you willing to work for Hanover Township? Yes _____ No _____

7. What is the highest level of education completed by you? _____
by other adult(s) in home? _____

8. Are there persons in the household that are NOT immediate family? Yes _____ No _____
If Yes: **Name** **Age** **Relation**

9. Do you understand that, upon our investigation, if ANY information that you have provided is false, it can be considered fraud and WE CAN PROSECUTE? Yes _____ No _____

Signature _____

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
AREA ###-####	MM DD YY	HH MM (total:)	office use only

Applicant's Full Name

<input type="checkbox"/> male <input type="checkbox"/> female	Social Security # - -	Date of Birth / /
LAST FIRST MI	optional	MM DD YY

Other Adult's Full Name

<input type="checkbox"/> male <input type="checkbox"/> female	Social Security # - -	Date of Birth / /
LAST FIRST MI	optional	MM DD YY

Other Adult's Full Name

<input type="checkbox"/> male <input type="checkbox"/> female	Social Security # - -	Date of Birth / /
LAST FIRST MI	optional	MM DD YY

Current Address

				_____ Months _____ Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

Previous Address

				_____ 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		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 the 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
---------------------------------	--	--	--

* 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

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

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	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, aunts, uncles) including "step" relatives:

Name	Address	Phone	How have they helped? Are they willing to help?
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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? _____

CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS

Amount of Debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amount 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 \$ _____ Other \$ _____

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: _____ / _____ / _____	Amount: _____
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: _____ / _____ / _____	Amount: _____
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: _____ / _____ / _____	Amount: _____
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 cooperate 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 the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-16-5 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
------------------------	--------------------------	--------------------------

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

Applicant:	YES	NO	Other Adult:	YES	NO	Other Adult:	YES	NO
------------	-----	----	--------------	-----	----	--------------	-----	----

If no, 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:



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Authorization to Distribute Information

I, _____ give the Hanover Township Trustee's Office
(printed)
permission to release my name to various community organizations that work with their office. By
doing so, I may receive donations from such organizations for my family and/or myself.

Name _____

Signature _____

Date ____ / ____ / ____

Office of the Hanover Township Trustee

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INCOME TO EXPENSE COMPARISON

The Trustee may require verification of all income, or lack of income, by all persons residing in the household. Failure to provide requested verification, or withholding pertinent information, may result in a Denial or Discontinuance of Trustee Assistance.

Name _____ Case # _____

Address _____ Total # of occupants in Household _____

EXPENSES

INCOME/RESOURCES

ITEMS:

INCOME:

Food _____
 Non Food _____
HOUSEHOLD:
 Rent _____
 Mortgage _____
 NIPSCO _____
 Heating Oil _____
 Water _____
 Sewer _____
 Telephone(home) _____
 Telephone(cell) _____
 Cable/Dish _____
 Other _____
MEDICAL:
 Expenses _____
 Insurance _____
 Other _____
TRANSPORTATION:
 Car Payment _____
 Insurance _____
 Gas _____
 Other _____
MISCELLANEOUS
 Childcare _____
 Other _____

Employment Earnings _____
 Employment Earnings _____
 TANF _____
 Social Security _____
 S.S.I. _____
 S.S.D. _____
 Pensions _____
 Medical Leave _____
 Unemployment _____
 Roommate/Rental _____
 Alimony _____
 Other _____
 Other _____
 Other _____

RESOURCES:

Food Stamps _____
 HUD _____
 EAP _____
 Section 8 _____
 Church Assistance _____
 Church Assistance _____
 Other _____
 Other _____
 Other _____

TOTAL _____

TOTAL _____

I understand that the above information will be used to help determine eligibility to receive Trustee Aid, and that I MUST provide proof of all the information I provide.

Applicant Signature _____ Date ____/____/____