

Fayette County General Assistance Application

Name: _____ DOB: _____ SSN: _____

Current Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ Resident 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

Type of Assistance you are applying for (utilities, rent, cremation, etc)? _____

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.

| <i>UNEARNED INCOME FOR LAST 30 DAYS</i> | <i>APPLICANT</i> | <i>OTHERS IN THE HOUSEHOLD</i> |
|---|------------------|--------------------------------|
| 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

Do you get help paying for rent such as HUD Section 8 or rent based on income? YES NO

I own no property.

If you own property, complete questions below:

Is your primary homestead county assessed value at or below \$35,000? 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 Fayette County in establishing my eligibility for services requested.

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

Complete if you are applying on behalf of Another, such as for Funeral or Cremation Services

Name: _____ Relationship to applicant: _____

Current Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ Phone #: _____

General Relief Director Completes Below:

APPROVED DENIED Reason for Denial _____

GR Director Signature: _____ **Date:** _____

If Approved, Award Amount & Explain Award and Reason: _____
