

HPW County General Assistance Application for Emergency Assistance

Date _____

Name _____
(Last) (First) (Middle)

Address _____

Phone Number _____

Date of Birth _____ SS# _____

Spouse/Other Name _____

Date of Birth _____ SS# _____

Others in Home

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

I am requesting the following assistance: _____

U.S. Citizen? YES NO

Are you or your spouse a veteran? YES NO

Dates served _____

Length of time lived in HPW County _____

Previous County & Dates _____

Length of time in Iowa _____ Previous State _____

Have you transferred property within the last two years? YES NO

Insurance

Who in the home has Health Insurance _____

Name of Insurance Company _____

Title XIX? YES NO

Medically Needy Spend-down Amount \$ _____

Vehicles

Cars, Trucks, Campers or Motorcycles

List Make & Year _____

Personal & Family Resources

Cash amount you have \$ _____

Checking Account \$ _____ Location _____

Saving Account \$ _____ Location _____

Value of Items in Safety deposit box \$ _____

Life Insurance (Cash Value) \$ _____

Renting or Buying your residence (circle one)

If buying, home equity \$ _____

Other Property (Value) \$ _____

List All Income in the Household per Month

Source of Income	Applicant	Spouse/Other	Others
Employer's Name			
Gross Income	\$	\$	\$
Take Home Pay	\$	\$	\$
Unemployment	\$	\$	\$
Social Security	\$	\$	\$
Veteran Benefits	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$
Social Security Disability	\$	\$	\$
Food Stamps	\$	\$	\$
WIC	\$	\$	\$
FIP	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Pension	\$	\$	\$
CDs, IRAs	\$	\$	\$
Stocks, Bonds, Annuities	\$	\$	\$
Interest, Dividends	\$	\$	\$
Any other earned Income	\$	\$	\$
Any other unearned Income	\$	\$	\$

Are your wages being garnished? YES NO

Amount \$ _____ Why? _____

Monthly Expenses

Mortgage/Rent	\$	Phone/cell	\$
Electric	\$	Cable	\$
Gas	\$	Car gas	\$
Water	\$	Dental	\$
Food	\$	Doctor/Hospital	\$
Child Care	\$	Medicine	\$
Child Support	\$	Loans	\$
Insurance	\$	Other	\$

Release of Information

I hereby attest that the information I have provided is true and I also give the County permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I may be subject to prosecution if I knowingly provide false information.

**HPW County General Assistance
Statement of Understanding**

- I understand that I am responsible for the accuracy of the information on my Application for Emergency Assistance from HPW County General Assistance.

- I understand HPW County General Assistance may obtain information from the Department of Human Services; the Social Security Administration; Upper Des Moines Opportunity, Inc.; Child Support Recovery; my employers (past or present): churches; banks; or any other individual, institution or business to verify information I provide to HPW County General Assistance.

- I understand that I must submit all requested documentation in order for my application to be processed.

- I understand that, depending on the type of assistance I am requesting, I may have to repay HPW County General Assistance for the assistance I receive when I am financially able to.

- I understand that I must notify HPW County General Assistance of any changes in my financial situation during my application process.

- I understand that if any of the information given on this application or during the application process is false, I may be suspended from future General Assistance.

Signature: _____ Date: _____

Address: _____

PLEASE NOTE

**After you complete your application and gather information needed
YOU MUST CALL TO SCHEDULE AN APPOINTMENT**

**Humboldt County GA
Courthouse – Box 100
Dakota City, Iowa 50529
Ph. 515-332-5205**

**Pocahontas County GA
23 3rd Ave. NE
Pocahontas, Iowa 50574
Ph. 712-335-3270**

**Wright County GA
120 1st St. NW
Clarion, Iowa 50525
Ph. 515-532-3309**

HPW County General Assistance Required Documents Needed to Process Application

- Social Security cards for all household members
- Income— Verification of wages of all members in the home
 - If self-employed - tax forms filed for last year
 - If employed - pay stubs for the last three months
 - If unable to find all the pay stubs - statement from employer listing gross and net income for each pay period for last three months
- Other resources— Proof of all other money or assistance coming into your household
 - Unemployment benefits
 - Child Support, Alimony, Child Support Case Number
 - Social Security (including SSI, SSD), Veterans benefits, Retirement funds
 - Stocks, Bonds, Annuities, Certificates, Dividends and Interest
 - Notice of Decision from DHS (for FIP/food stamps/Title XIX/Medically Needy)
 - Notice of Decision from Upper Des Moines Opportunity (for WIC/fuel/ rent/ utilities)
 - Unearned Income (money from others)
- Three months of checking and saving accounts statements
- Rent—statement from your landlord showing status of what is due (for rent assistance only).
- Utility — the actual utility bills (for utility assistance only).
- Medical expenses —actual bills or statement from the pharmacy (for medical assistance only).
- Public assistance — You must apply for all other programs that appear you may be eligible for
 - Department of Human Services - FIP, food stamps, Title XIX, Medically Needy
 - Upper Des Moines Opportunity – WIC, fuel, utilities, and rest assistance
 - Social Security Administration - SSI, SSD, Social Security
 - Veterans Affairs – Compensation, Pension, County AssistanceVerification of application for these programs is needed
- Employment — You must be working, actively seeking employment, medically unable to work, or be caring for a medically dependent family member who required home care and supervision. All adults must complete a job search and be registered with the Iowa Workforce Development. If you are unable to work or caring for a medically dependent family member a medical statement will need to be completed by your doctor.
- Eligibility will be determined within 30 days after the required information is received.