

Assistance Applications

Please take application home and fill out completely.

Call for an interview before returning the application.

Please!! Do not fax, mail or drop off applications!!!

All application reviews and interviews are done face to face

by appointment only.

No walk-in appointments!

To make appointment call 825-4490 between the hours of 8:30

and 4:00.

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

Other Adult's Full Name		Social Security #	Date of Birth
		<input type="checkbox"/> male <input type="checkbox"/> female	_ _ / /
LAST	FIRST MI	optional	MM DD YY

Other Adult's Full Name		Social Security #	Date of Birth
		<input type="checkbox"/> male <input type="checkbox"/> female	_ _ / /
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	Date of Birth	Social Sec. # (optional)	Income Source	Amount (monthly)
Print		<input type="checkbox"/> Yourself	/ /		No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature			- -			
Print		<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	/ /		No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature			- -			
Print		<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	/ /		No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature			- -			
Print		<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	/ /		No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature			- -			
Print		<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	/ /		No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature			- -			
Print		<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	/ /		No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature			- -			
Print		<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	/ /		No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature			- -			

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 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
	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		
	Yes	No	Yes	No	Yes	No	
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			
	Applicant	Other Adult	Other Adult
Do you own any property?	Yes No	Yes No	Yes No
IF YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ 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
	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, aunt, uncles) including "step" relatives: _____

Name

Address

Phone

How have they helped?
Are they willing to help?

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	Amt. 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
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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



Van Buren Work Fare Contract
Rita Barrow, Trustee

The Van Buren Township Work fare Program is designed in accordance with the Monroe County Trustee Association and Indian Statutory Law, The law states that anyone who is able to work, must work for any assistance they receive.

1. If you are eligible for assistance, you or a member of your family or household will be required to work back the assistance unless one or more of the following conditions exist:

You are physically unable to work. A doctors statement will be required

You are under the age of 18 or over the age of 65

You are needed to care for a family member as a result of age or physical condition

There is no work available as determined by the Trustee

You are employed full time (40 hours or more a week)

2. You will be assigned specific hours to work. It is your responsibility to be present at the assigned during all those hours. You will be excused from work only if you are severely ill, have a job interview (verification will be required) or have pressing family problems (illness or death). You must notify you work supervisor of your reasons for absence. Failure to comply May result ill denial of all future assistance.

3. You are expected to return your completed time sheet to the Trustee Office upon completion of work, signed by the designated supervisor from that agency. This is the responsibility of the client, not the agency. Failure to comply may result in denial of all future assistance until completion can be verified.

4. If you are required to work before receiving aid, all hours worked shall apply towards the assistance previously approved. If you do not, or cannot accept the aid previously approved, those hours worked will apply towards future aid if you are still eligible for assistance. In no case shall the Trustee owe any client who is no longer eligible.

5. If you are fired from a Workfare Agency, you are entitled to a hearing with the Trustee and your caseworker. Agencies may fire a worker for theft, refusal to work, disruption, un-excused absence or any other cause according to their policy. At the hearing with the Trustee/Caseworker, it will be determined whether the office will reschedule you to another agency to fulfill your obligation or if you will be denied future assistance on grounds of non-cooperation.

6. Students will not be exempt for work because of class schedule unless stipulated by the Trustee.

7. If you should find employment, full or part time, while working off assistance, you should contact the Trustee Caseworker at once. If you have a part time job, your workfare hours will be rescheduled around your job. If you have a full time job, 40 or more hours a week, the Caseworker will verify your employment and place your obligation on hold. After you have held the job for two full months, contact the Caseworker again, upon confirmation with check stubs you will be released from your obligation to work back. Those who fail to notify the caseworker will not be released from their obligation.

I, the undersigned, fully understand the Workfare Standards of Van Buren Township and realize that this is a commitment that must be adhered to in its entirety. I UNDERSTAND THAT FAILURE TO HONOR THIS AGREEMENT WILL BE GROUNDS FOR DENIAL OF FUTURE AID.

Applicant Signature

Applicant Signature

Date

Date

Van Buren Township Trustee
Rita Barrow
2130 S. Kirby Road, Bloomington IN 47403
(812) 825-4490 fax (812) 825-9700

EMPLOYMENT SEARCH VERIFICATION

Indiana Code 12-20-10-1.1: If a Township Assistance applicant is in good health or if any member of the applicant's household are in good health, the Township Trustee, as administrator of Township Assistance shall require the individuals who are able to work to seek employment. The Township Trustee shall refuse to furnish any Township Assistance until the Trustee is satisfied that the Township Assistance applicant's household are endeavoring to find work.

I _____ understand that my eligibility for assistance depends on this proof of my search for employment.

1. _____
Employer name and address

Position applied for

Signature of Representative

2. _____
Employer name and address

Position applied for

Signature of Representative

3. _____
Employer name and address

Position applied for

Signature of Representative

4. _____

Employer name and address

Date of application

Position applied for

Was applicant hired

Signature of Representative

5. _____

Employer name and address

Date of application

Position applied for

Was applicant hired

Signature of Representative

6. _____

Employer name and address

Date of application

Position applied for

Was applicant hired

Signature of Representative

7. _____

Employer name and address

Date of application

Position applied for

Was applicant hired

Signature of Representative

8. _____

Employer name and address

Date of application

Position applied for

Was applicant hired

Signature of Representative

Van Buren Township Trustee
 Rita Barrow
 2130 South Kirby Road, Bloomington IN 47403
 (812) 825-4490
 fax (812) 825-9700

Document Verification

The Van Buren Township Trustee program must document all expenses and income to according to the Township Assistance Guidelines and Eligibility Standards. **The following documents must be provided at the time of the Township Assistance application.**

Identification for all household members *	Medical bills paid, Prescriptions
Social Security cards for all household members	Insurance payments
Pay Check Stubs for the last 30 days (all Adults)	Furniture rental contracts/payments
Annuities, Pension Statements	Court Cost
Money Borrowed or received as a gift	Registration or Titles to all motor vehicles owned or leased
Child Support Decree/Print out from prosecutor	Stocks and Bonds
Social Security, VA or Welfare Award letters	Deeds to all property owned
Income from selling or pawning personal items	Home or Car repair receipts
Workman compensation benefits	Income from rented or shared housing
Tax return statements	Proof of expenses paid or owed in past 30 days
Money received from selling Blood/Plasma	Gas bill, Water Bill, Electric Bills
Lawsuit, Disability, and/or Insurance Settlements	Monthly rental agreements or Mortgage Statement, Lease
Food Stamp award letter showing amount rec.	Landlord Verification
Bank Statements-each bank and account Showing debits/Credits	Phone, Cell Phone Bills Contract/Prepaid
Section 8 Award Letter	Information on trust funds
Work One printout for all adults	Job Search for each unemployed adult in household
C.A.P. utility asst. award letter	F.S.S.A. (Food Stamp) case number
Any medical restriction letters	Cable or Internet services statement

I.D. must show current Van Buren Township address* (Rev. 01/22/14 R.L.)

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

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

OR

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

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

Dated this ____ day of _____, 20__.

(signature)

(printed name)

Van Buren Township Trustee
2130 South Kirby Road, Bloomington, IN 47403
(812) 825-4490 fax (812) 825-9700

Shelter Verification Affidavit

Applicant _____ Contact Number _____

Address _____

Landlord/Property Owner Information: *To be filled out by Landlord only*

Landlord Name _____ Cell Number () _____

Telephone ()- _____ Fax Number ()- _____

Address _____

The above named individual has applied for "Township Assistance" from Van Buren Township and has named you as their Landlord. The applicant, by signature is requesting that you provide the following information so the Township Trustee may determine their eligibility for assistance. Please provide this office with the following information.

Are you related to any member of this household? _____ If Yes, what is your relationship? _____

Are you willing to accept a General Purchase Order from the Township as Shelter payment for this household? _____

(By accepting Township Voucher, you are agreeing to provide shelter to tenant for a minimum of thirty (30) days. Township vouchers can not be used to cover deposits, late fees or animal fees

What is the monthly rental amount? _____ Is tenant on Section 8? _____

Does household/tenant owe past due rent? Y N , (According to our system rent due is figured as due the first of the month.)

Amount of rent due? _____ Are there any pet or late fees included in this amount? _____

How many persons presently live in this unit? _____

Please list all adult members of the rental unit _____

Date of last rental payment? _____

Date that this household/tenant moved into your unit? _____

Thank you for taking the time to answer these questions. If you have any information that you feel would assist the Trustee in making a decision on this request, please do not hesitate to contact Robert G. "Bob" LaGarde Case investigator at (812) 825-4490.

Landlord/ Property Owner Signature _____ Date _____

Applicant Signature _____ Date _____

Thank You,

Rita Barrow Trustee

Caseworker/Investigator Bob LaGarde