



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address City State Zip

When did you move to this address? \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred phone number: \_\_\_\_\_  
Month Year

If your current address is not in the community then list last community address and dates of that address on the back of this form.

Gender: ☒ Male ☐ Female Veteran? ☒ Yes ☐ No Marital Status \_\_\_\_\_ Race \_\_\_\_\_

Level of Education: None H.S. Diploma GED Associates Bachelors or higher

Subsidized Housing? YES NO

**CURRENT EMPLOYMENT STATUS** (if minor, this would be parent/guardian employment status)

\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_ Retired  
\_\_\_\_ Employed (Circle one) \_\_\_\_\_ Supported Employment \_\_\_\_\_ Other (please specify)  
Full Time Part Time/Seasonal \_\_\_\_\_ Sheltered / Prevocational \_\_\_\_\_

Employer Name: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

**Health Insurance Information:** If not insured, check here \_\_\_\_\_ If you have coverage, complete below:

Primary Carrier (pays first)	Secondary Carrier (pays second)
Insurance Name: _____	Insurance Name: _____
Policy #: _____ (or Medicaid State ID# or Medicare Policy #)	Policy #: _____ (or Medicaid State ID# or Medicare Policy #)

**SPOUSE AND DEPENDENTS IN HOUSEHOLD: (must list dates of birth for dependents)** Use back if more room needed

Name	Relationship	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Are you waiting for a Social Security Disability determination? ☐ No ☐ Yes

Do you have a Social Security Representative Payee? ☐ No ☐ Yes If yes, who is your payee?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who is your emergency contact?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

INCOME	Applicant	Others in Household
Social Security	_____	_____
SSI	_____	_____
SSDI	_____	_____
Employment Wages	_____	_____
FIP	_____	_____
Child Support	_____	_____
Veteran's Benefits	_____	_____
Railroad Pension	_____	_____
Rental Income	_____	_____
Dividends, Interest, Etc.	_____	_____
Other _____	_____	_____
<b>TOTAL MONTHLY INCOME</b>	_____	_____

RESOURCES	Amount	Location
Food Stamps	_____	_____
Cash	_____	_____
Checking Account	_____	_____
Savings Account	_____	_____
Stocks and Bonds	_____	_____
Certificates of Deposit	_____	_____
Life Ins. (cash value)	_____	_____
Trust Funds	_____	_____
Burial Contracts	_____	_____
Recreational Vehicles	_____	_____
Real Estate (non-residence)	_____	_____
Other _____	_____	_____
<b>TOTAL RESOURCES</b>	_____	_____

I hereby attest that the information I have provided is true and I also give Black Hawk County General Assistance 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 knowingly provide false information.

Applicant's Signature: X \_\_\_\_\_  
(Application **must** be signed or witnessed and dated to be considered for assistance.)

\_\_\_\_\_  
Date