

Current Monthly Household Income:

	Applicant Income	Others in Household Income	List any current monthly <u>payments</u> made on <u>medical/mental</u> health OR <u>pharmacy</u> bills only
Employment wages			
Cash from Family / Friends			
FIP			
Social Security			
Social Security/Disability			
Supplemental Security Income			
Veterans Benefits			
Railroad Pension			
Child Support/Alimony			
Dividends, Interest, etc.			
Unemployment			
Self employment wages			
Worker's compensation			
Any other income			
Total monthly household net income			

Resources (including amounts in whole dollars and location):

Resource	Applicant	Others in Household	Location
Cash on hand	\$	\$	
Checking Account	\$	\$	
Savings Account	\$	\$	
Stocks/Bonds	\$	\$	
Time Certificates	\$	\$	
Trust Funds	\$	\$	
Other	\$	\$	

List all motor vehicles: cars, trucks, motorcycles, recreational vehicles, boats, etc.

Year	Type	Make	Fair Market Value	Amount Owed

Employment History:

Employer	City	Job Duties	From: Mo/Yr	To: Mo/Yr

OTHER INFORMATION:

Have you applied anywhere else for any type of assistance in the last 6 months? Yes ____ No ____

If yes, where and determination? _____

Have you disposed of any assets during the last six months for less than the fair market value? Yes ____ No ____

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand that Webster County General Assistance will use these statements to determine my eligibility. If I provide false statements on this application, or give false statements to the Webster County General Assistance worker, I will not be eligible for any further General Assistance and repayment of past assistance will be required. I am aware that this information will be verified and investigated.

Applicant's Signature (or Legal Guardian)

Date

Notification of Decision:

Eligibility will be determined within 30 days from date of application. Applicants will receive a written notice of eligibility determination.