

ADDITIONAL TOWNSHIP ASSISTANCE CHECK LIST

The following is a checklist of things you must do and/or bring with you to your appointment. Failure to cooperate with or to provide the township with the documentation or information which is not readily available or cannot be secured in a timely manner by the township (IC 12-20-6-1) is a cause for denial of Township Assistance.

PRIOR TO CALLING FOR APPOINTMENT...	
	If you are in need of assistance with utility bills (Duke, Vectren, etc.), contact them to see if you can set-up payment arrangements.
	Apply for Food Stamps/TANF if you are not already receiving assistance, provide evidence of application.
	If you are unemployed you MUST register at Work One and provide us with a print out of your wages and any unemployment benefits you may have received in the last 6 months.
WHAT TO GATHER AND BRING WITH YOU TO YOUR APPOINTMENT	
	Verification of income (receipts/check stubs/bank statements) for the past <u>90</u> days. Include all sources of income: child support, TANF, SSI, SS or funds from any other source, including assistance from family or friends.
	Bank Statements from the last <u>3 months or 90 days</u>
	Utility bills (if requesting assistance for utilities) or a note from your Mortgage or Landlord stating you are behind on your payments.
	Completed and signed Continuance Township Assistance Application.

After the **completed application and all documentation have been submitted**, this office has 72 business hours to review your application and make a determination. By signing below you are stating that you have been made aware that if all documentation and information above is not provided, it is a cause for denial of Township Assistance. If you are unable to keep your appointment, please call to reschedule.

Applicant Signature:

Date:

Jackson Township Trustee – Hamilton County
 PO Box 456 ■ 506 W Main Street ■ Arcadia IN 46030
 Phone: 317.984.3826 ■ Fax: 317.984.6766 ■ jacksontownshiptrustee.com

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INCOME AND EXPENSES

INCOME is any source of benefit to you, or any member of your household, whether money or payment assistance. This includes: work income, AFDC, housing assistance, odd job money, sick pay, relative or church assistance, EAP/Project Safe payments, Worker's Compensation, Social Security benefits, unemployment, child support, vacation pay, tax returns, bartered goods, etc.

EXPENSE is any bill you have already paid or anything on which you used income.

BELOW LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD IN THE PAST 90 DAYS:

<i>Date Received:</i>	<i>Received From:</i>	<i>Received For:</i>	<i>Amount Received:</i>

BELOW LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY YOU OR MEMBERS OF YOUR HOUSEHOLD IN THE PAST 90 DAYS

<i>Paid For:</i>	<i>Date Paid:</i>	<i>Paid To:</i>	<i>Amount Paid:</i>
Rent/Mortgage			\$
Electricity			\$
Natural Gas			\$
Water			\$
Sewer			\$
Phone			\$
Food			\$
Childcare			\$
Transportation Costs			\$
Medical Expenses			\$
Car Insurance			\$
Home Insurance			\$
Medical Insurance			\$
Life Insurance			\$
Household Items			\$
Loans/Credit Cards			\$
Cable or Satellite TV			\$
Other (please specify)			\$
Other (please specify)			\$

EXPENSES OWED (but not paid) AT THIS TIME:

<i>EXPENSES OWED (but not paid) AT THIS TIME:</i>	<i>Amount Owed:</i>
	\$
	\$
	\$
	\$

**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 JACKSON TOWNSHIP - HAMILTON 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 JACKSON TOWNSHIP - HAMILTON 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.

ACKNOWLEDGEMENT 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 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