

# Clarke County General Relief Application

(1) Head of Household \_\_\_\_\_ (2) Date \_\_\_\_\_

(3) Phone # \_\_\_\_\_ (3) Birthdate \_\_\_\_\_ (4) Soc. Sec. No \_\_\_\_\_

(6) Address \_\_\_\_\_

(7) How long have you lived in Clarke Co. \_\_\_\_\_

(8) If you have you lived outside of Clarke Co. in the last 12 months when and where did you live?  
 \_\_\_\_\_  
 \_\_\_\_\_

(9) List all others living in your home:

Name	Relationship To You	Marital Status	Birth Date	Social Security Number

(10) Are You Employed No \_\_\_\_\_ Yes \_\_\_\_\_ If "Yes", Name and Address of Present Employer  
 \_\_\_\_\_

(10-A) Length of Employment \_\_\_\_\_ (10-B) Take Home Pay \$ \_\_\_\_\_ per \_\_\_\_\_

(11-A) Is anyone living with you employed? No \_\_\_\_\_ Yes \_\_\_\_\_ If "Yes" give details below  
 \_\_\_\_\_

(11-B) Length of Employment \_\_\_\_\_ (11-C) Take Home Pay \$ \_\_\_\_\_ per \_\_\_\_\_

(12) List all other sources of income including **ADC, Child Support, SSI, Soc Sec, Pension, Retirement Benefits, Food Stamps, Etc.**  
 \_\_\_\_\_

**Total Monthly Income Is \$ \_\_\_\_\_**

(13) Do you or members of your family have health or accident insurance? None \_\_\_\_\_ All \_\_\_\_\_ Some \_\_\_\_\_

List company(s) and type of coverage \_\_\_\_\_

(14) List all bank account and account balance \_\_\_\_\_  
 \_\_\_\_\_

(15) List each motor vehicle owned and value \_\_\_\_\_

(16) List all assets, stocks, bonds, leisure equipment, etc \_\_\_\_\_

(17) List all debts (if no debts list utilities) and the date of your last payment on each one

(18) Rent or house payment \$ \_\_\_\_\_ Per \_\_\_\_\_

(19) List utilities paid by you \_\_\_\_\_

(20-A) Type of Assistance requested:  Food  Electric  Propane  Water/Sewer  Rent  Prescription  
 Other \_\_\_\_\_ (20-B) Voucher to be Issued to: \_\_\_\_\_

**\*\*\* The following Questions pertain to You and any other Adults living in your household \*\*\***

(21) Has anyone been in the Military -or-Reserves? No \_\_\_ Yes \_\_\_ Branch \_\_\_\_\_

Name: \_\_\_\_\_ Has this person applied for Veterans Benefits? No \_\_\_ Yes \_\_\_

Date enlisted \_\_\_\_\_ Date Discharged \_\_\_\_\_ Type of Discharge \_\_\_\_\_

(22) Have all Unemployed Adults signed up for -or- receiving Job Service & Unemployment Benefits? All \_\_\_

None \_\_\_ Some \_\_\_ Who & When \_\_\_\_\_

(23) (May Be REQUIRED) Has anyone signed up for Food Stamps? Not Eligible \_\_\_ No \_\_\_ Yes \_\_\_

Have Appointment  Application Pending  Receive \$ \_\_\_\_\_ per month  Benefits cut by \$ \_\_\_\_\_

(24) (May Be REQUIRED) Has anyone signed up -or- eligible for FIP? Not Eligible \_\_\_ No \_\_\_ Yes \_\_\_

Have Appointment  Pending  Receiving \$ \_\_\_\_\_ per month  Benefit cut by \$ \_\_\_\_\_

(25) Has anyone applied for -or- receive WIC ? Not Eligible \_\_\_ No \_\_\_ Yes \_\_\_

I hereby certify that the statements made here in are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Release of Information:

I GIVE CLARKE COUNTY GENERAL RELIEF PERMISSION TO SHARE OR REQUEST FROM ANY AGENCY OR PERSON NECESSARY FOR GENERAL RELIEF OR VA GUIDELINE NEEDS, CONFIDENTIAL INFORMATION ABOUT ME OR MY HOUSEHOLD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DECISIONS WHICH ARE MADE IN YOUR SITUATION ARE SUBJECT TO APPEAL TO THE CLARKE COUNTY BOARD OF SUPERVISORS, COURTHOUSE 100 MAIN OSCEOLA, IOWA 50213. THIS CAN BE DONE IN WRITING OR IN PERSON. THEY ARE IN SESSION ON MONDAYS, WEDNESDAY, AND FRIDAYS FROM 9:00 TO 12:00