

SCHEDULE A

Prescribed by State Board of Accounts

Township Form TA-1 (Revised 2004)

Application for Township Assistance

NOTE: Social Security numbers are optional

PHONE NUMBER () -	APPLICATION DATE / /	APPLICATION TIME : : □ AM □ PM	CASE NUMBER
AREA ###-####	MM DD YY	HH MM (total:)	office use only

Applicant's Full Name		Social Security #	Date of Birth
		□ male □ female	- - / /
LAST	FIRST MI	optional	MM DD YY

Other Adult's Full Name		Social Security #	Date of Birth
		□ male □ female	- - / /
LAST	FIRST MI	optional	MM DD YY

Other Adult's Full Name		Social Security #	Date of Birth
		□ male □ female	- - / /
LAST	FIRST MI	optional	MM DD YY

SAMPLE

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

SAMPLE

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 the 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
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Name: _____ Name: _____

What is your income status? Wages Stopped Wages Wages Stopped
 Waiting on Income " " Waiting on Income
 Receiving Income " " Receiving Income
 No Income " " No Income

What is your employment status? Currently working Laid off on: _____
 Never worked Never worked
 Quit: * Quit: *
 Fired: * Fired: *
 Sick leave Sick leave
 Maternity leave Maternity leave
 On strike On strike
 Trying to find work Trying to find work

** answers require explanation below*

OTHER FINANCIAL INFORMATION

	Applicant		Other Adult		Other Adult	
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
	Yes No	Yes No	Yes No
Do you own any property? _____			
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, relationship: _____	
Are any utilities included? YES NO If yes, which ones: _____	

	Other Adult
	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: _____	

SAMPLE

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.: _____	

OTHER PUBLIC ASSISTANCE

Are you receiving or have you applied for the following:

APPLICANT

Table with 4 columns: Item, YES, NO, Date Applied, Amount. Rows include Subsidized Sec. 8, HUD, or other public housing; Utility Allotment; Food Stamps; AFDC Welfare; Other Trustee Office; Social Security (any type); V.A. Benefits (any time); EAP Utility Assistance; FEMA Funds; Unemployment Benefits; Grants / Loans; Any other type of help.

OTHER ADULT

Table with 4 columns: Item, YES, NO, Date Applied, Amount. Rows include Subsidized Sec. 8, HUD, or other public housing; Utility Allotment; Food Stamps; AFDC Welfare; Other Trustee Office; Social Security (any type); V.A. Benefits (any time); EAP Utility Assistance; FEMA Funds; Unemployment Benefits; Grants / Loans; Any other type of help.

SAMPLE

OTHER ADULT

Table with 4 columns: Item, YES, NO, Date Applied, Amount. Rows include Subsidized Sec. 8, HUD, or other public housing; Utility Allotment; Food Stamps; AFDC Welfare; Other Trustee Office; Social Security (any type); V.A. Benefits (any time); EAP Utility Assistance; FEMA Funds; Unemployment Benefits; Grants / Loans; Any other type of help.

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? _____

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.
8. Any other information.

SAMPLE

This information may be used:

- (1) My township assistance application _____ 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

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given _____ Amount _____ Completed _____

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'd. Benefit	Utility \$ Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION

SAMPLE

APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

Please do not write in this column.

DATE: _____
 NAME: _____ PHONE: _____
 ADDRESS: _____

CASE NO. _____

Number of persons living at your address: _____
 Since your application with the trustee's office dated _____ has your income, resources or household size changed? YES _____ NO _____
 Are you or anyone else in the household working? YES _____ NO _____
 Are you or any member of your household under a doctor's care? YES _____ NO _____
 Have you / they applied for disability? YES _____ NO _____
 If YES, what is the status of the case? _____

SINCE THE DATE OF YOUR MOST RECENT APPLICATION:

Have you applied for AFDC? YES NO If receiving, give amount _____
 Have you applied for Food Stamps? YES NO If receiving, give amount _____
 Have you applied for Unemployment? YES NO If receiving, give amount _____
 Have you applied for Energy Assistance? YES NO If receiving, give amount _____
 Have you applied for / received assistance from any other source? YES NO If YES, explain: _____

What has been the household's Total Income: \$ _____ s: \$ _____

TODAY I AM REQUESTING ASSISTANCE FOR:	AMOUNT (\$) REQUESTED	ACTION
SAMPLE		

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 the above income.

LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:	AMOUNT RECEIVED	VERIFIED AMOUNT															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><i>Date Received:</i></td> <td style="width: 30%;"><i>Received from:</i></td> <td style="width: 40%;"><i>Received for:</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	<i>Date Received:</i>	<i>Received from:</i>	<i>Received for:</i>														
<i>Date Received:</i>	<i>Received from:</i>	<i>Received for:</i>															

SCHEDULE B

For Township to Fill Out

REIMBURSEMENT AUTHORIZATION

Township	County
ADAMS	ALLEN
Township's Mailing Address	
Client's Name	Date of SSI Application
Client's Phone #	Township Caseworker

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE

Name: Social Security Number:

Address:
City/Town/Zip Code

Print or Type

The term "state" means the State of Indiana Family and Social Services Administration.

How can the state use this form when blocks for initial claims and posteligibility cases are part of the form?

The state can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the state must sign and date a new form with only one block checked.

What kind of state payment qualifies for reimbursement by SSA?

SSA can reimburse a state for a payment that is paid only from state or local funds. The state cannot be reimbursed for payments made wholly or partially from Federal Funds.

How does SSA determine how much of my SSI money to pay the state?

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the state, and second, SSA looks at the amount of your retroactive SSI money available to pay the state. SSA can reimburse the state for a payment made in a month only when you receive a state payment and an SSI payment for the same month. SSA will not pay the state more money than you have for the SSI retroactive period.

What actions am I authorizing when I sign this authorization and I check the "Initial Claim Only" block?

[X] Initial Claim Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if you are eligible to receive SSI benefits. If you become eligible, SSA pays the State from the retroactive SSI benefits due to you. The reimbursement covers the time from the first month you are eligible to receive SSI benefits through the first month your monthly SSI benefit begins.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

How long is this authorization effective for the state and me if I checked the "Initial Claims Only" block?

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later. You and a state representative must sign and date the authorization for the authorization to be valid.

SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

- The authorization can stay effective longer than the 12-month period, if you
- apply for SSI benefits before the state has the authorization form, or
 - apply within the 12-month period the authorization is effective, or
 - file a valid appeal of SSA's determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

Approved by the State Board of Accounts

OFFICE OF THE TOWNSHIP TRUSTEE

NOTICE OF TOWNSHIP ASSISTANCE ACTION

Case:

Name: _____
Last, First MI

Address : _____

Action taken or to be taken on your request(s) is as follows:

	1 of 3
	2 of 3
	3 of 3

Date of Application 01/01/2009 Time _

Date this Notice Sent 01/01/2009 Time _ (Township Trustee's Signature)

(Supervisor)

(Investigator's Signature)

(Applicant's Signature)

1125 Hartzell Street
New Haven, Indiana 46774

Adams Township Trustee

Denita L. Washington, Trustee

(260) 749-4162 Phone
(260) 749-6086 Fax

info@adamstownship.org

EMPLOYMENT RECORD

Company/Employer Name Employer Address Employer Phone

Please provide the following employment information to the Adams Township Trustee as soon as possible regarding:

Employee Name Case Number Employee Address Social Security #

**If No Longer Employed:
(Inc. most recent temp assignment)**

Start Date: _____

Last date worked: _____

Date of Last Paycheck: _____

of hours per week: _____

Position: _____

Reason no longer working (circle all that apply):
Quit / Fired / Temp Job Term Ended
Lay off – Perm. Lay off – Temp.
Fired from Temp Employer

If employee quit, was there work available, had he or she continued employment? Y N

If employee was fired, please give the reason*:

Record Satisfactory? Y N
Chance for re-employment? Y N

*NOTE: Employers are allowed to release this information to governmental agencies for the purposes of determining eligibility for public assistance. (example: attendance, policy violation, etc.)

If Currently Employed / New Hire:

Start Date: _____

Date of Next or First Paycheck: _____

of hours per week: _____

Circle one: Temporary / Permanent

How often paid: _____

Day of week employee is paid: _____

Rate of pay: _____

Comments: _____

If checked, please also fax the pay history for this employee, listing the pay dates, gross, and net amounts for the past _____ months.

Signature of person completing Date
this form

Job Applications Log Sheet

Name: _____

Week _____

Due Date: _____

	Name of Company	How did you apply? (in person, on-line, kiosk)	Street Address or Website Address	Phone number and fax number, if applicable	Company Representative or User Name, Password, and Confirmation #	Date Applied
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SCHEDULE F

Adams Township Trustee
Committed to Community through Service and Accountability

Denita L. Washington, Trustee

1125 Hartzell Street
New Haven, IN 46774

(260) 749-4162 Assistance
(260) 749-6086 Fax
info@adamstownship.org

INCOME GUIDELINES

Effective JULY 1, 2022

Income Guidelines
Based on 115% of 2022 Federal Poverty Level

PERSONS IN HOUSEHOLD	MONTHLY GROSS INCOME
1	\$ 1,302
2	\$ 1,755
3	\$ 2,207
4	\$ 2,659
5	\$ 3,112
6	\$ 3,564
7	\$ 4,106
8	\$ 4,469

For each additional person – add \$452

HOUSEHOLD BUDGET

Date	Expenditures	Amount	Resources of Income	Gross	Net
	Food Stamps		TANF		
	Food & Paper Products/Cash		Social Security (S.S.D.)		
	Paper Products Only Cash		Child Support		
	Rent-Own-Payment		S.S.I.		
	Rental Deposit		Earnings		
	Gas / Gas Deposit		Checking Account		
	Electric / Electric Deposit		Savings Account		
	Water / Water Deposit		Pensions		
	Fuel Oil		Unemployment Compensation		
	Telephone (Basic Service)		Roomer / Boarders		
	Insurance (Life, Med, Auto)		Utility Allowance (FWHA)		
	RX's / Medical (Receipts) Bills		Settlements		
	Clothing (Receipts)		Loans		
	Transportation (Medical / Work)		Gift		
	Car Repairs (Medical / Work)		Sick Benefits		
	Bus		Federal Tax Refund		
	Day Care (\$45/wk, work only) Babysitter (\$1.00/hr., work only)		State Tax Refund		
	Support Payment (out of household)		Other		
	Automobile Payments (work only)				
	Other (Emergencies)				
	TOTAL		TOTAL		

**FOOD AND PAPER PRODUCTS
MONTHLY ALLOTMENT SCHEDULE**

HOUSEHOLD SIZE	FOOD ALLOTMENT	PAPER PRODUCTS ALLOTMENT	TOTALS: FOOD & PAPER PRODUCTS
1	130.00	50.00	180.00
2	205.00	60.00	265.00
3	215.00	70.00	285.00
4	225.00	80.00	305.00
5	235.00	90.00	325.00
6	245.00	100.00	345.00
7	255.00	110.00	365.00
8	265.00	120.00	385.00
9	275.00	130.00	405.00
10	285.00	140.00	<u>425.00</u>

Two vouchers a month may be issued to assist clients with food allotment. Divide the amount for monthly food allotment by two (2) to get the amount for issuing two vouchers a month.

MONTHLY SHELTER ALLOTMENT

All Clients requesting assistance from the Adams Township Trustee Office must apply for affordable shelter at the Fort Wayne Housing Authority and remain in compliance (See schedule N) with Housing Authority requirements. Clients not eligible for Housing Authority must apply and continue to comply with a comparable housing program to find low-cost housing.

Adams Township will consider assisting with shelter at the following monthly rates.

HEAT INCLUDED*

Transitional Housing	\$200.00	
Boarding House/Sleeping Rooms		
Efficiency	\$400.00	
One (1) bedroom	\$500.00	\$565.00
Two (2) bedrooms	\$550.00	\$625.00
Three (3) bedrooms	\$600.00	\$685.00
Four (4) bedrooms	\$700.00	\$800.00

*If heat is included in rent, the township will consider paying an additional \$65 for a one bedroom residence, \$75 for a two bedroom residence, \$85 for a 3 bedroom residence and \$100 for a four bedroom residence.

The amount of shelter assistance provided must be the most economical and practical method of relieving the applicant. Adams Township will provide shelter assistance only for the size of the housing unit needed to accommodate the number of persons and family composition of those in the household. To determine the maximum size of the unit necessary for the household, Adams Township will take into consideration the number of persons in the household; the relationship, age and gender of the household members, and any special circumstances that might necessitate a larger unit.

The general standards are:

<u>Household Size</u>	<u>Maximum Unit Size</u>
One person or couple	1 Bedroom
One person or couple Plus one additional occupant	2 Bedroom
One person or couple Plus two additional occupants	3 Bedroom
One person or couple Plus three additional occupants	4 Bedroom

MONTHLY MAXIMUM UTILITY ALLOTMENT*

	ELECTRIC	CITY UTILITY	GAS
Efficiency	\$100.00	\$70.00	\$85.00
One (1) bedroom	\$130.00	\$100.00	\$110.00
Two (2) bedrooms	\$165.00	\$110.00	\$135.00
Three (3) bedrooms	\$180.00	\$120.00	\$165.00
Four (4) bedrooms	\$195.00	\$130.00	\$190.00

*Adams Township will provide utility assistance only for the size of the housing unit needed to accommodate the number of persons and family composition of those in the household. To determine the maximum size of the unit necessary for the household, refer to Schedule L, Monthly Shelter Allotment.

For housing units with electric heat only, Adams Township will consider adding the gas allotment to the electric allotment to determine the amount of electric utility assistance.

BURIAL ALLOTMENT

	<u>INFANT</u>	<u>ADULT</u>
Funeral Home	\$150.00	* \$ 700.00
Cemetery	\$100.00	\$ 700.00
Cremation	\$200.00	\$ 200.00

*Allotment may increase (up to \$800.00 maximum) for larger casket.

ADAMS TOWNSHIP TRUSTEE OFFICE
1125 Hartzell Street
New Haven, IN 46774

Case # _____

Investigator _____

Date _____

(260) 749-4162 phone
 (260) 749-6086 fax

info@adamstownship.org

Shelter Verification Affidavit

_____ has applied for township assistance. In order to determine eligibility, please complete this form and return it to our office as soon as possible.

Special Instructions for Move-In Assistance: For Q2, write in the expected move in date. Also, for questions that don't apply, simply write in N/A.

1. Address _____ 2. Move in date: _____

3. Rental Rate \$ _____ per _____ 4. Is deposit paid? Y N 5. # of bedrooms: _____

6. Is there a co-signor? Y N If yes, name(s): _____

7. Is any tenant of the household a relative of the landlord? Y N
 If yes, name(s) and relationship: _____

8. Does the tenant receive Section 8 (Housing)? Y N If yes, tenant's portion \$ _____

9. Total amount due as of today's date: \$ _____

10. Have you filed an eviction? Y N

11. Appliances provided (circle): refrigerator / stove/oven / washer / dryer / other _____

12. Utility Information:

Included in rent:
 (no additional cost)

Tenant must pay
 to separate utility co.

Tenant must pay
 directly to landlord:

For utilities NOT INCLUDED w/rent:
 Check if utility has individual meter.

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> electric | <input type="checkbox"/> electric | <input type="checkbox"/> electric |
| <input type="checkbox"/> gas | <input type="checkbox"/> gas | <input type="checkbox"/> gas |
| <input type="checkbox"/> water | <input type="checkbox"/> water | <input type="checkbox"/> water |
| <input type="checkbox"/> trash | <input type="checkbox"/> trash | <input type="checkbox"/> trash |
| <input type="checkbox"/> sewer | <input type="checkbox"/> sewer | <input type="checkbox"/> sewer |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

- electric
 gas
 water

13. **List EVERY member of this household** (for move-in assistance, please list every member of the household that will be moving in).

PLEASE COMPLETE PAGE 2

This form must be completed by the owner of the property, unless there is a registered agent legally designated to handle the owner's rental business. Owner information MUST be provided, regardless of who signs the form.

The undersigned (owner) _____, being duly sworn upon his/her oath, deposes and says:
printed name of owner (not agent)

- (1) He/She is the legal fee simple owner of real property located at _____ and is legally entitled to collect rent thereon.
- (2) That said property has been rented to _____ for \$_____ per month:
- (3) That the owner/landlord DOES NOT reside at this address; IS NOT related to any household member, or IS related to at least 1 tenant. Describe relationship: _____
- (4) That the undersigned (owner) hereby authorizes _____ to act as agent or owner to collect the rent for the above-described property.

If box is checked, this client is requesting shelter assistance. The following information is relevant for payment.

- (1) That owner understands that by accepting a voucher (general purchase order) as payment (whole or partial) for the time period expressed on the voucher; landlord is guaranteeing that the tenant will not be evicted for non-payment for the period covered on the voucher as long as the tenant pays the denied amount that the Township cannot pay.
- (2) This form does not constitute a contract on the part of either party. It merely sets forth the agreement terms and aids in the determining of the client(s) eligibility. The contract commences upon the signing of the voucher by all parties.
- (3) All Adams Township vouchers (purchase orders) issued from this office must be signed and returned to Adams Township Trustee office in order to process payment. Payments are mailed every Monday, Tuesday, and Thursday.

For Tax Purposes
_____ Signature of Owner/Landlord
_____ Printed Name of Owner/Landlord
_____ Address, (City, State, Zip) of Owner/Landlord
_____ Telephone Number of Owner/Landlord
_____ Social Security or Federal I.D. Number of Owner/Landlord

Signature of Agent

Printed Name of Agent

Telephone Number of Agent

Upon approval, check is being mailed to the following:
Name: _____
Address: _____

I do solemnly affirm that the information on page one and two are true and correct to the best of my knowledge and belief.

Printed Name of Owner

Signature of Registered Owner

Date

COMPLIANCE WITH OTHER AGENCIES

It's very important that when you request assistance from Adams Township you also comply with other agencies in our community. Several of them can help in ways that Adams Township cannot. It is a requirement that you comply with the following agencies in order to receive assistance. Following is list of ways to comply with other agencies:

FOOD STAMPS/TANF

- Attend all IMPACT classes
- Attend all update meetings
- Attend all recertification appts.
- Complete all job search requirements
- If unable to get food stamps/tanf must provide letter from FSSA stating why

FWHA (SECTION 8 & PUBLIC HOUSING)

- Everyone must apply
- Update address or name change or household size change
- Attend all orientations / return all paperwork including postcards to FWHA within time frame allowed
- Report new or changed income
- Attend all recertification appts.
- Once on FWHA, must continue to comply with all rules & regulations governed by the agency
- Do everything required to stay on FWHA
- If denied FWHA, must provide a denial letter with date, reason for denial
- If evicted from FWHA, must provide effective date, reason for eviction

SOCIAL SECURITY DISABILITY & MEDICAID

- Attend all appointments
- Provide all required documentation to above agencies
- Provide physicians statements every 3 months
- Provide updates from agencies to Adams TWP
- Appeal after each denial & provide proof of doing so
- Securing an attorney after the second Social Security denial sometimes helps to expedite the process

COMMUNITY ACTION (Brightpoint)

- Apply for Energy Assistance Program each year
- Provide all required documentation
- Apply for childcare if applicable

CHILD SUPPORT OFFICE

- Must file for support for all children in the household
- Do everything necessary to find the father of the children
- Cooperate with Prosecuting Attorney doing everything necessary to obtain support
- Get paternity tests for all children in the household
- Appear in court

Failure to comply is grounds for denial of Adams Township Assistance.

SIGNATURE

DATE

MONTHLY TELEPHONE ALLOTMENT

Adams Township recognizes a telephone as a basic necessity. Clients may spend up to \$45 per month toward the most cost-effective telephone service available, which payment will not be counted as a wasted resource.

Clients who want a telephone must apply for a cell phone through one of the free cell phone programs for low income individuals and must do everything required to receive a free cell phone.

Adams Township will consider paying a maximum of \$45 per month for extra minutes for Clients who have a free cell phone for low-income individuals.