

BENTON COUNTY GENERAL ASSISTANCE

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Phone: (319) 472-4743 x1 Fax: 319-472-4744

Office Hours: Monday-Friday 8:00 am - 4:30 pm

Application Guidelines

In addition to other policy requirements to be eligible for General Assistance you must:

- ✓ Reside in Benton County
- ✓ Meet income and eligibility guidelines
- ✓ Must apply for state, local, or federal programs you may be eligible for (FIP, food stamps, etc.).

Are you a veteran? IF YES, STOP & CALL THE VETERANS AFFAIRS OFFICE AT 319-472-3150

If denied by the VA, you must provide a Benton County Veteran Affairs Notice of Decision.

Requirements

- Must be registered with Iowa Workforce Development Center if unemployed or show proof of pending claim, employed less than 30 hours per week unless over the age of 65.
- Copy of photo ID & social security card for all adults in the household
- Copy of lease (signed and dated by landlord and tenant(s))
Landlord must provide Form W9
- Copy of utility bill as well as past due and disconnection notice

Documentation of **all income** for all household members, including:

- Last 30 days of paystubs/signed wage statement from employer for the previous month
- Self-employment record for previous month
- Previous month bank statement(s) for checking & savings accounts and/or debit card statement for all household members
- Social Security benefit award or denial letter (Receipt letter showing application date)
- Notice of Decision from Dept of Human Services for entire household showing benefits or denial of benefits or appointment letter if no decision has been yet.
- Proof of tax refund within last 90 days

When application is completed and all required documentation is gathered, please call to schedule an appointment.

Additional information may be requested after review of you application.

GENERAL ASSISTANCE APPLICATION

Date received by office _____

Applicant(s) Information:

Name: _____ Phone: _____

Address: _____

Street

City

Zip Code

Mailing address, if different than above: _____

Birthdate: _____ Maiden Name: _____

SS#: _____ How long have you lived in Benton County? _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Do you have a legal guardian or conservator? ☐ Yes ☐ No

If yes name and address _____

Is anyone in the household in the military? ☐ Yes ☐ No Date enlisted: _____

Date Discharged: _____ Branch: _____ Type of Discharge: _____

Has anyone in household applied for disability benefits? ☐ Yes ☐ No ☐ Receives benefits

If yes, status of claim: _____ Date applied _____ Date of appeal

Is anyone in the household enrolled in post high education or training? ☐ Yes ☐ No

Are you currently living in subsidized housing (Hud)? ☐ Yes ☐ No

List all members of household (including yourself)

Name	SS#	Birthdate	Relationship

Type of Assistance applying for: ____ Rent ____ Utility

Circumstances: _____

Rent Payment Amount: \$ _____

Name & Phone Number of Landlord _____

Address of Landlord _____

Is landlord related to any household member? ☐ Yes ☐ No

Are utilities included in your rent? ☐ Yes ☐ No If yes, list utility that is included: _____

Does anyone in household own any property or land? ☐ Yes ☐ No

If yes, address of property: _____

Does anyone in household own any vehicles, boats or motorcycles, etc.?

Make/Model: _____ Year: _____ Amount still owed: _____

Make/Model: _____ Year: _____ Amount still owed: _____

Do you or anyone in your household receive child support payments? ☐Yes ☐No

Do you or anyone in your household pay child support? ☐Yes ☐No

Monthly amount paid \$ _____ Monthly amount received \$ _____

Employment Information (Applicant):

Are you working? ☐Yes ☐No Name of Employer: _____

If no, why: _____

Are you able to work? ☐Yes ☐No If no, why? _____

Have you left your job within the past 60 days? ☐Yes ☐No

If yes, why? ___Lay off ___Voluntarily quit Terminated/Fired ___Health Date: _____

Employment Information (Spouse/Roommate):

Are you working? ☐Yes ☐No Name of Employer: _____

If no, why: _____

Are you able to work? ☐Yes ☐No If no, why? _____

Have you left your job within the past 60 days? ☐Yes ☐No

If yes, why? ___Lay off ___Voluntarily quit Terminated/Fired ___Health Date: _____

Household resources:

Resource	Adult 1 (Name) Amount / Location	Adult 2 (Name) Amount / Location	Adult 3 (Name) Amount/Location	Dependents Amount / Location
Cash				
Checking				
Savings				
Certificate of Deposit (CD)				
Stocks Bonds (cash value)				
Burial Fund/Life Ins (cash value)				
Retirement Funds (cash value)				
Trust Funds				
Other:				

Monthly Living Expenses:

	Payment Amount	Paid to Whom	Included in Rent?
Mortgage	\$		
Rent	\$		
Water/Sewer	\$		
Heat (Gas/Electric/LP)	\$		
Electricity	\$		
Trash	\$		
Telephone(s)	\$		
Internet (Cable/DSL/Satellite)	\$		
Car/Truck Payment	\$		
Auto Insurance	\$		
Health Insurance Are you covered by Title XIX or Medicare? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$		
Other Loans	\$		
Credit Card Debt	\$		

AUTHORIZATION TO RELEASE INFORMATION

I understand that the information I provide to Benton County is used to determine my household's eligibility for General Assistance. This information will be kept confidential as it is required by Iowa law except to the extent that I authorize its use. I hereby authorize the Benton County General Assistance Department to release the information I have provided, including use of my social security number, for the purpose of checking the accuracy of the information I have provided, to verify my income as reported and for any means necessary to determine my eligibility for General Assistance. I also authorize the Benton County General Assistance Department to contact for information and/or inform vendors to who assistance would be paid on my behalf, including my landlord, whether my application for assistance has been approved or denied.

I solemnly swear that the statements I have made are true and correct to the best of my knowledge. I am aware that it is unlawful to give false information. I understand that any willful misrepresentation of the information provided may result in denial of assistance as well as court action against those persons who have fraudulently participated in the General Assistance Program.

 (Signature of Applicant)

 Date

 (Signature of Co-Applicant)

 Date

This application is: APPROVED ☐ DENIED ☐ for assistance.

AGREEMENT TO REPAY

I understand that by signing this Agreement to Re-pay and accepting any relief assistance from Benton County General Assistance Department that I will be required to start repaying a minimum of \$10 per month 45 days (forty-five) days from the date of this signed affidavit. I understand that General Assistance is limited to one month's service in a calendar year.

 Date

 Applicant Signature

 Date

 Co-Applicant Signature

Failure to make payments as agreed will result in future ineligibility for assistance and referral of your account to the income offset program administered by the Iowa State Department of Administrative Services.