

# WINNEBAGO COUNTY APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address City State Zip

When did you move to this address? \_\_\_\_ / \_\_\_\_ Preferred phone number: \_\_\_\_\_  
Month Year

**\*\*If your current address is not in the community then list last community address and dates of that address on the back of this form.**

Gender:  Male  Female Veteran?  Yes  No Marital Status \_\_\_\_\_

Level of Education:  None  H.S. Diploma  GED  Associates  Bachelors or higher U.S. Citizen?  Yes  No

**CURRENT EMPLOYMENT STATUS** (if minor, this would be parent/guardian employment status)  
 \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_ Retired  
 \_\_\_\_\_ Employed (Circle one) \_\_\_\_\_ Supported Employment \_\_\_\_\_ Other (please specify)  
Full Time Part Time/Seasonal \_\_\_\_\_ Sheltered / Prevocational \_\_\_\_\_

Employer Name: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

**Health Insurance Information:** If not insured, check here \_\_\_\_\_ If you have coverage, complete below:

Primary Carrier (pays first)	Secondary Carrier (pays second)
Insurance Name: _____	Insurance Name: _____
Policy or Medicaid State ID#: _____	Policy or Medicaid State ID#: _____

**LIST ALL PEOPLE LIVING IN HOUSEHOLD: (must list dates of birth for dependents)** Use back if more room needed

Name	Relationship	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Are you waiting for a Social Security Disability determination?  No  Yes

Do you have a Social Security Representative Payee?  No  Yes If yes, who is your payee?  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who is your emergency contact?  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

INCOME	Applicant	Others in Household
Social Security	_____	_____
SSI	_____	_____
SSDI	_____	_____
Employment Wages	_____	_____
FIP	_____	_____
Child Support	_____	_____
Veteran's Benefits	_____	_____
Railroad Pension	_____	_____
Rental Income	_____	_____
Dividends, Interest, Etc.	_____	_____
Other _____	_____	_____
<b>TOTAL MONTHLY INCOME</b>	_____	_____

RESOURCES	Amount	Location
Cash	_____	_____
Checking Account	_____	_____
Savings Account	_____	_____
Stocks and Bonds	_____	_____
Certificates of Deposit	_____	_____
Life Insur. (cash value)	_____	_____
Trust Funds	_____	_____
Burial Contracts	_____	_____
Recreational Vehicles	_____	_____
Real Estate (non-residence)	_____	_____
Other _____	_____	_____
<b>TOTAL RESOURCES</b>	_____	_____

**I hereby attest that the information I have provided is true and I also give Winnebago County General Assistance Program/Public Health/BOS/BOH permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I may be subject to prosecution if knowingly provide false information.**

Applicant's Signature: X \_\_\_\_\_ Date \_\_\_\_\_  
(Application **must** be signed or witnessed and dated to be considered for assistance.)

## Monthly Bills

Name:	Average Monthly Cost
Rent/Mortgage	
Utilities	
Heating	
Food/Groceries	
Car Payment	
Car Repair/Gas/Maintenance	
Car Insurance	
Health Insurance	
Life Insurance	
Renter/Homeowner Insurance	
Medical	
Cable/Satellite	
Cell Phone	
Internet	
Clothing/Laundry/Diapers	
Child Care	
Credit Cards	
Loans	
Fines	
Child Support Payments	
Miscellaneous	

Other Information to Consider:

# **WINNEBAGO COUNTY GENERAL ASSISTANCE**

Winnebago County General Assistance  
216 South 4th Street, Forest City, Iowa 50436 or  
[julie.sorenson@winnebagoountyiowa.gov](mailto:julie.sorenson@winnebagoountyiowa.gov) or fax: 641-585-1788  
For information or questions call 641-585-4763

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***Please complete the Application and Monthly Bills form and return using one of the methods listed above.***

***I will also need:***

1. A copy of any/all current bank statements and statements from the last two months. This would include screen shots of online accounts of any kind.
  2. A copy of any/all current paystubs and paystubs from the last two months.
  3. A copy of your SIGNED LEASE and LANDLORD CONTACT INFORMATION or UTILITY BILL from the provider depending upon which you are requesting assistance for.
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***If you do not have a bank account or paystubs, please complete one or both of the statements below:***

I, \_\_\_\_\_ certify that I do not have a bank account.

I verify that this information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ certify that I do not have paystubs.

I verify that this information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Your application will be reviewed once we have all the information listed above.**

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**WINNEBAGO COUNTY GENERAL ASSISTANCE/RELIEF**

216 S 4<sup>TH</sup> Street, Forest City, IA 50436  
641-585-4763 ❖ 641-585-1788 (fax)

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## Landlord's Statement

Date: \_\_\_\_\_

This statement confirms that \_\_\_\_\_

Rents property from me at \_\_\_\_\_

The monthly Rent is \$ \_\_\_\_\_

The amount of Rent past due at this time is \$ \_\_\_\_\_

Assistance is applied towards the month(s) of \_\_\_\_\_

This amount of Rent per month includes the following utilities (please check all that apply):

Gas                       Electricity                       Water                       Sewer

Other: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Check made out to: \_\_\_\_\_

Landord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_

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This form is part of an application and is not a guarantee that payment will be made.

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