

# Lincoln Township, IN

2022

## APPLICATION FOR ASSISTANCE TOWNSHIP TRUSTEE

**Information that must be provided to the Lincoln Township Trustee includes:**

- **Address and phone number of the applicant.** The applicant can also provide email information if available.
- **Two (2) forms of identification for each household adult:** (Social Security Card, Driver's License, Indiana State Identification Card, Resident Alien (green) Card, or other identification of residence)
- **Social Security Cards** for all children in the household
- **Financial information for the household.** This includes bank and account numbers with balances, investment information for each household member, automobile information for each household member, ***total income*** for the last 30 days from all sources and for all adult household members.
- **Latest bank statement and cell phone bill**
- **Completed TA-1 form (below)**

**Please complete this packet and have all documents requested BEFORE calling to set up a meeting.**

NOTE: Social Security numbers are optional

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

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 Stopped ☐ Wages Stopped  
☐ Waiting on Income ☐ Waiting on Income ☐ Waiting on Income  
☐ Receiving Income ☐ Receiving Income ☐ Receiving Income  
☐ No Income ☐ No Income ☐ No Income

What is your employment status? ☐ Currently working ☐ Currently working ☐ Currently working  
☐ Laid off on: \_\_\_\_\_ ☐ Laid off on: \_\_\_\_\_ ☐ Laid off on: \_\_\_\_\_  
☐ Never worked ☐ Never worked ☐ Never worked  
☐ Quit: \* ☐ Quit: \* ☐ Quit: \*  
☐ Fired: \* ☐ Fired: \* ☐ Fired: \*  
☐ Sick leave ☐ Sick leave ☐ Sick leave  
☐ Maternity leave ☐ Maternity leave ☐ Maternity leave  
☐ On strike ☐ On strike ☐ On strike  
☐ Trying to find work ☐ 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?	Yes	No	Yes	No	Yes	No
IF YES, give amount	\$ _____		\$ _____		\$ _____	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account?	Yes	No	Yes	No	Yes	No
IF YES, give name of each bank & current balance	_____		_____		_____	

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**

	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
	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, state relationship: \_\_\_\_\_

Are any utilities included? YES NO If yes, which ones? \_\_\_\_\_

**EMPLOYMENT HISTORY**

<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
	Name _____	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: _____		

**MILITARY SERVICE**

	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
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.: \_\_\_\_\_

\_\_\_\_\_

Applicant's Maiden Name (if married): \_\_\_\_\_

Household members' relatives (parents, brothers, sisters, grandparents, aunts, uncles) including "step" relatives:

**How have they helped?  
Are they willing to help?**

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If there are minor children in the home, is child support ordered for them by a court? YES NO

If not will you go to court to get support? YES NO

If NO, explain: \_\_\_\_\_

Are you receiving child support? YES NO if YES, how much? \_\_\_\_\_

Name & address of child(ren)'s other parent if not in household: \_\_\_\_\_

Have you or someone in the household been helped from any other source such as churches, multi-service centers or friends whom you have not already listed on this form?    YES    NO

If YES, who, how much & when? \_\_\_\_\_

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Amount of Debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amount paid	Last Pay Date
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[illegible]

List below any payments made by any household member to any source in the last thirty (30) days:

[illegible][illegible]

What do you owe today on your rent or mortgage? \$ \_\_\_\_\_

What do you owe today on your utilities? \_\_\_\_\_

Electricity \$ \_\_\_\_\_ Gas/Heating \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_ Trash Removal \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Are any of these bills in someone else's name?      YES      NO

If YES, which ones and whose name? \_\_\_\_\_

What is your reason for asking for Trustee help?

- ☐ No Income
- ☐ Not Enough Income
- ☐ Income Stolen
- ☐ Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application:

YES NO

If YES, explain: \_\_\_\_\_

Specifically, what are you asking for help with today?

**OTHER PUBLIC ASSISTANCE**

Are you receiving or have you applied for the following:

**APPLICANT**

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

**OTHER ADULT**

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

**OTHER ADULT**

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

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? \_\_\_\_\_



**READ CAREFULLY\* NOTICE OF PUBLIC LAW**

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days of heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-16-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted.

Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

**I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.**\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Signature of Other Adult\_\_\_\_\_  
Signature of Other Adult**Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?**

Applicant: YES NO

Other Adult: YES NO

Other Adult: YES NO

If no, explain why not: \_\_\_\_\_

**Affidavit**

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and member of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Signature of Other Adult\_\_\_\_\_  
Signature of Other Adult**Note: All household members eighteen and older must sign where indicated for application to be complete.**

## 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 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 \_\_\_\_\_ 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

## NOTES: