



Sarah Gnagy, Trustee

St. Joseph Township • Allen County

P.O. Box 15337 Fort Wayne, IN 46885 (260) 485-5993 fax (260) 492-2779

LOCATION: 6033 Maplecrest Rd. (behind Fire Station)

OFFICE HOURS: Monday and Wednesday 8-1, Friday 8-noon

(Completed applications accepted until 12:30 Monday and Wednesday and until 11:30 on Friday)

It is a client's responsibility to return all required items regardless of the request or due date. Trustee has at least 72 hours to make a determination of pending, granting or denying assistance.

REQUIREMENTS FOR HELP

Bring ALL of these items WITH your completed application

1. Income verification for the **last 60 days** for all adults in household-check stubs, child support, benefits, loans/school loans, unemployment, tax refund, etc.
2. Food stamps/TANF/Medicaid referral or written verification of benefits received (800-403-0864)
3. Bank printout of all activity/transactions for the **last 60 days**, for all accounts. (If online, can be printed here)
4. Federal, State tax forms and W-2 forms.
5. Lease (all pages) - Rent ledger may be required.
6. Social Security cards for everyone in household and photo ID of adult members. A digital photo will be taken at the time of interview for computer system identification purposes only.
7. All pages of most recent phone and cell phones. All cable/dish tv and/or internet bills for service at your residence.
8. Car registration(s)
9. Current Utility bills (electric, gas and water)
10. Completed landlord form/deposit/mortgage company form (we will provide form if applicable)
11. Brightpoint Energy Assistance (formerly known as CANI) verification
12. Household Expense Form with receipts for _____ as to how you spent your net income.
(COMPLETE FORM ON BACK SIDE OF THIS SHEET)
13. All members of the household over the age of eighteen needs to sign/fill out application.
14. Sign SSI Reimbursement Forms (we will provide form if applicable)
15. Verification as to why you were released from a job in the last 60 days.
16. Medicaid Release Form and/or Medical Statement (we will provide form if applicable)
17. Wage Statement (we will provide form if applicable)
18. Other: _____

Office Use ONLY

****YOU must return with your paperwork IN PERSON for your second interview BEFORE THE LAST DATE LISTED:**

Dates YOU are to return: _____ **or _____ **or** _____ To See: _____**

Signature: _____

Date: _____