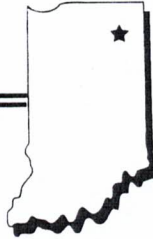


Sarah Gnagy, Trustee
ST. JOSEPH TOWNSHIP • ALLEN COUNTY

POST OFFICE BOX 15337
FORT WAYNE, INDIANA 46885



PHONE: (260) 485-5993

FAX: (260) 492-2779

*******IMPORTANT: SAVE THIS INFO FOR YOUR RECORDS/REFERENCE*******

- Be VERY thorough in filling out the application. Avoid using "NA": If something does not apply, leave it blank. **Make sure you are filling Social Security #'s, signatures, income, etc. for ALL members of the Household.**
- Once you have collected as much of the required paperwork listed on the blue sheet, return the paperwork and your completed application to our office using the mail slot that is in the door (Door #12). Note: ***This is NOT a Postal Service mail slot and does not require postage.***
 - DO NOT include your **actual** Driver's License, Social Security cards or Birth Certificates if you are dropping off information when the office is not open. You may send a copy of these documents either by fax (260) 492-2779 or email: **info@sjtwp.com**
 - If you need copies of your documents made, you may arrange for them to be copied in the office during our normal business hours.
- If you have not applied for Food Stamps (SNAP), you will need to apply for that benefit: **fssabenefits.in.gov** and screen shot the confirmation page to: **info@sjtwp.com**
- You may drop off your information 24/7. It will be processed during normal business hours and days. Please take note of our Office Hours:

Mondays and Wednesdays 8:00a -1:00p and Fridays 8:00a-noon

September thru Memorial Day

Mondays, Wednesdays and Thursdays 8:00a-1:00p

June-Labor Day

Please help yourself by being as thorough and specific as you can when filling out the application (ex: MARCH rent, electric, etc.) and providing all the supporting documentation. If you have another emergency need, let us know and we will do our best to connect you with other services that are offered in the community.

You may also call our office with any questions you may have.

Application for Township Assistance

NOTE: *Social Security numbers are optional*

PHONE NUMBER () -	APPLICATION DATE / /	APPLICATION TIME : : • • <input type="checkbox"/> AM <input type="checkbox"/> PM	CASE NUMBER

Applicant's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

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)
_____	<input type="checkbox"/> Yourself	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	No Income	Wages	
Print _____		Date of Birth	Social Security	AFDC	
Signature _____		<div style="border: 1px solid black; padding: 2px; text-align: center;">- -</div>	Unemployment	Pension	
		Social Sec. # (optional)	Veteran's Insurance	Support Gifts	
			Strike Benefits	Other	
_____	<input type="checkbox"/> Child	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	No Income	Wages	
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC	
Signature _____	<input type="checkbox"/> Relative	<div style="border: 1px solid black; padding: 2px; text-align: center;">- -</div>	Unemployment	Pension	
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts	
	<input type="checkbox"/> Other Adult		Strike Benefits	Other	
_____	<input type="checkbox"/> Child	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	No Income	Wages	
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC	
Signature _____	<input type="checkbox"/> Relative	<div style="border: 1px solid black; padding: 2px; text-align: center;">- -</div>	Unemployment	Pension	
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts	
	<input type="checkbox"/> Other Adult		Strike Benefits	Other	
_____	<input type="checkbox"/> Child	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	No Income	Wages	
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC	
Signature _____	<input type="checkbox"/> Relative	<div style="border: 1px solid black; padding: 2px; text-align: center;">- -</div>	Unemployment	Pension	
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts	
	<input type="checkbox"/> Other Adult		Strike Benefits	Other	
_____	<input type="checkbox"/> Child	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	No Income	Wages	
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC	
Signature _____	<input type="checkbox"/> Relative	<div style="border: 1px solid black; padding: 2px; text-align: center;">- -</div>	Unemployment	Pension	
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts	
	<input type="checkbox"/> Other Adult		Strike Benefits	Other	
_____	<input type="checkbox"/> Child	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	No Income	Wages	
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC	
Signature _____	<input type="checkbox"/> Relative	<div style="border: 1px solid black; padding: 2px; text-align: center;">- -</div>	Unemployment	Pension	
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts	
	<input type="checkbox"/> Other Adult		Strike Benefits	Other	
_____	<input type="checkbox"/> Child	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>	No Income	Wages	
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC	
Signature _____	<input type="checkbox"/> Relative	<div style="border: 1px solid black; padding: 2px; text-align: center;">- -</div>	Unemployment	Pension	
	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts	
	<input type="checkbox"/> Other Adult		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 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
----------	-----------	-------------	-------------

Name: _____ Name: _____

What is your income status?

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

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

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

What is your employment status?

- ☐ Currently working
☐ Laid off on: _____
☐ Never worked
☐ Quit: *
☐ Fired: *
☐ Sick leave
☐ Maternity leave
☐ On strike
☐ Trying to find work

- ☐ Currently working
☐ Laid off on: _____
☐ Never worked
☐ Quit: *
☐ Fired: *
☐ Sick leave
☐ Maternity leave
☐ On strike
☐ Trying to find work

- ☐ Currently working
☐ Laid off on: _____
☐ Never worked
☐ Quit: *
☐ Fired: *
☐ Sick leave
☐ Maternity leave
☐ On strike
☐ 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

	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, state relationship: _____

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

EMPLOYMENT HISTORY

	Applicant	Other Adult	Other Adult
		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

	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.: _____

[illegible]

CHILD SUPPORT	
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: _____	

OTHER SOURCES OF HELP
<p>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</p> <p>If YES, who, how much & when? _____</p> <p>_____</p> <p>_____</p>

[illegible]

EXPENSE INFORMATION

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

Amount	Paid to	Date Paid

Amount	Paid to	Date Paid

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 \$ _____ Cable \$ _____

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 operate 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 you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3. IC 12-20-6-5 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 not, 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

(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

St. Joseph Township - Allen County

Sarah Gnagy, Trustee

P.O. Box 15337, Fort Wayne, IN 46885
Phone: (206) 485-5993 Fax: (260) 492-2779
info@sjtwp.com

Located at the corner of Maplecrest Road and St. Joe Center Road – 6033 Maplecrest Road.

Please use this checklist to gather all required documents to be turned in with your completed application.

	Bank Activity Summary of all transactions for the past 60 days for all accounts (all pages). You will need to go to your bank to request this if you cannot access it online. We need to see the account numbers, name on the account, and name of the bank.
	Proof of income for the past 60 days for all adults in the household. This includes check stubs, cash apps, child support, benefits/loans/school loans, unemployment, tax refunds, stimulus checks, social security, disability, tips, cash advances, money given/lent by others, etc.
	Cash App transaction history for all apps used the past 60 days for all adults – screen shots may be sent. This MUST include dates of transactions. Google for instructions on how to get this.
	Photo ID for all adult members of the household. Social Security cards and Birth Certificates for everyone in the household.
	All members of the household over the age of eighteen (18) must fill out/sign township application.
	<u>Full</u> lease (all pages) Include FWA paperwork, if applicable.
	Current Utility bills (electric, gas, water/sewage, Internet, cell phone, Cable/Dish TV). Please include all pages of the bill for Internet, Phone, and/or Cable/Dish TV bills.
	Federal and State Tax forms and W-2 forms for the most current year you filed.
	Food Stamps/TANF/Medicaid referral or written verification of benefits received (800-403-0864).
	Proof of Child Support payment or Verification that Child Support has been filed for each child.
	Car Registration(s).
	Brightpoint Energy Assistance verification.
	Verification as to why you were released from a job in the past 60 days.
	Letter(s) from anyone who lent/gave you money or paid expenses in your behalf in the past 30 days. Letter must have dates and amounts, plus full name, address, and phone number of the person(s) who helped.
	Receipts to show how income has been spent in the past 30 days.

This is a general list of required documents. Please note that as the process continues, the township may require more information. You will be contacted accordingly.

Please note, if needed, our office can make free copies during our normal business hours. Documents can also be emailed to info@sjtwp.com.

HOUSEHOLD EXPENSE FORM

for last 30 days

from _____ to _____

Name: _____

Address: _____

Number in Household: _____

INCOME

(All money I had in last 30 days)



EXPENSES

(How I spent this money-not what you owe)



	Adult #1	Adult#2		Adult #1	Adult #2
Earnings #1			Medical/Rx		
Earnings #2			Housing		
TANF (not Food Stamps)			Food (not Food Stamps)		
Savings			Electric (AEP)		
Tax Refund			Gas (NIPSCO)		
Social Security			City Utilities		
Disability (SS)			Telephone/Cell		
Unemployment Benefits			Paper Products Personal Hygiene		
Child Support			Cable TV/Dish/Internet		
Pensions			Laundry		
Money from Family/Friend			Child Care		
Churches/Agency			Car Payment, Gas, Car Insurance, Bus Pass, Taxi, Repairs		
Other Income			Clothing		
Stimulus Check			School		
Utility Allowance			Credit/Loan Payment		
Cash App			Other Expenses		
Total \$			Total \$		

AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

To the following person or institution:

Business or Agency Name:

You are hereby authorized to furnish to the Trustee of Saint Joseph Township for inspection and copying, all records pertaining to any of the following transactions and to discuss with properly identified personnel of Saint Joseph Township, without limitation, all information provided herein:

real property transactions;
tangible personal property transactions;
bond, share, and commodity transactions;
banking transactions;
business operating transactions;
insurance transactions;
beneficiary transactions;
gift transactions;
fiduciary transactions;
claims and litigation;
family maintenance;
benefits from military service;
records, reports, and statements;
estate transactions;
all other matters.

In addition to the above information, I hereby specifically authorize all parties possessing any knowledge of crimes of which I have been convicted or outstanding warrants which may have been issued for my arrest to release to the Trustee of Saint Joseph Township, or said Trustee's authorized employee or agent, any and all information related to my criminal record or warrants issued for my arrest.

The records and reports are requested for use in determining eligibility for Township Assistance. I acknowledge that this authorization may be revoked by me at any time, except to the extent that action has been taken in reliance thereon.

Township Office Use Only:

Date: _____

Witness: _____

Applicant/Co-Applicant:

Signature: _____

Printed Name: _____

Address: _____

Date of Birth: _____

VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT
REQUIRED BY INDIANA CODE 12-32-1

I, _____ (printed name), am a United States citizen or
qualified alien (as defined under 8 U.S.C. 1641).

OR

_____ (printed name), is a United States citizen or
qualified alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Dated this _____ day of _____, 20____.

(signature)

(printed name)