



8. Living Arrangements: (Check the one which applies to you.)

- ( ) Renting a house and pay: \$ \_\_\_\_\_ per week / \$ \_\_\_\_\_ per month.
- ( ) Buying home. Monthly payment is \$ \_\_\_\_\_.
- ( ) Own home (mortgage paid off).
- ( ) Renting an apartment and pay: \$ \_\_\_\_\_ per week / \$ \_\_\_\_\_ per month.
- ( ) Other \_\_\_\_\_

Landlord or mortgage holder: \_\_\_\_\_  
Name Address

9. List all property you or members of your family living with you own, with address and value:

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10. The following motor vehicles are owned by me or members of my family living with me:

Make	Year	Value	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Please fill in each of the blanks using a zero if applicable. I or members of my family who live with me have the following:

- ( ) Money in the bank \$ \_\_\_\_\_ Name of bank: \_\_\_\_\_
- ( ) Stocks and bonds \$ \_\_\_\_\_
- ( ) Money in a savings institution \$ \_\_\_\_\_
- ( ) Time savings certificates \$ \_\_\_\_\_
- ( ) Other (please describe) \$ \_\_\_\_\_

12. I or members of my family living with me have health or accident insurance: ( )Yes ( )No

If yes, give name of insured, company, monthly premium amount, and briefly describe coverage:

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13. I or members of my family living with me have life insurance: ( ) Yes ( ) No

If yes, give name of insured, company, beneficiary, monthly premium amount and cash value:

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14. I or members of my family living with me have income from employment or other sources:

( ) Yes ( ) No If yes, give following information:

Name of Employee	Employer Name and Address	Gross Pay per Month	Length of Employment

15. I or members of my family had income in the last calendar month: ( ) Yes ( ) No  
(for example-wages, veterans check, social security check)

Source: \_\_\_\_\_ Gross Amount: \$ \_\_\_\_\_

16. I or members of my family living with me have income from other sources: ( ) Yes ( ) No

If yes, name source and amount (examples: child support, unemployment compensation, etc.)

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

17. Do you anticipate receiving income in the current month? ( ) Yes ( ) No

18. Are you receiving any other type of assistance? (Food stamps, FIP, etc.) If yes, list:

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19. I have been determined disabled. ( ) Yes ( ) No

20. Have you applied for F.I.P.? \_\_\_\_\_ If yes, on what date \_\_\_\_\_

21. What aid are you requesting from General Relief at this time?

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IOWA COUNTY GENERAL RELIEF CERTIFICATION

I, the undersigned, do certify that all the facts given by me in this application are correct and true to the best of my knowledge.

I do hereby authorize any banking or savings institution, employer, firm, corporations, Department of Human Services, or person to disclose to the General Relief Director any information which they desire to document or verify the information I have given in this application. I agree to assist in helping document or verify the information given, if requested to do so.

I agree to notify the General Relief Director of any transactions involving my property, either real or personal, or any change in income or living arrangements of myself or my family for whom assistance is received.

I also agree to make every effort to secure employment which will enable me to support myself and my family.

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Signature or mark of applicant or guardian Date

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Signature of witness (if needed) Date

Your application will remain confidential, but your name will appear on a report sent to the Iowa County Board of Supervisors.

This authorization expires thirty (30) days after the date of signature.