



General Assistance Cerro Gordo County Courthouse

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CERRO GORDO COUNTY ASSISTANCE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

To apply for County Assistance, complete the attached application; submit completed application with **ALL** verification information requested. Once verification is provided a decision will be made within five (5) business days. Cerro Gordo County Assistance office hours are Monday-Friday, 8:00 a.m. to 4:30 p.m. ***STOP if applying for assistance as a Veteran.***

PROVIDE VERIFICATION FOR THE FOLLOWING ITEMS: **FOR ALL HOUSEHOLD MEMBERS**

1. Application--- **you must complete all blanks and required signatures.**
2. Proof of quarterly earnings/ “wage print out” from a Workforce Development agency (IowaWORKS), to prove work status, unless you are the primary care giver for a disabled child. Their number is (641) 422-1524.
3. Please bring your “Notice of Decision” from Department of Human Services **for entire household** (FIP/ADC, Title XIX, Food Stamps) showing benefits or denial of benefits or appointment letter if no decision has been made to date.
4. Proof of all income for the last **60 days** for all household members:
 - a. Paystubs or a signed statement from employer verifying gross and net wages (must be composed on company letterhead)
 - b. Income for entire household:
 - i. Child support, unemployment wages, retirement benefits, interest payments on savings, CD’s, retirement accounts, annuities, etc.
 - ii. Acceptable proofs may include copies of checks, bank deposit slips, Notice of Award, bank statements showing direct deposit etc.
6. SSI or Social Security verification showing monthly benefits, or “Receipt Letter” showing when you applied and/or denial letter for all household members.
7. Proof of all checking and/or savings accounts for the last **60 days**. This includes accounts with cashapp, chime, etc.
8. Proof of all expenses—including lease or written verification from landlord of monthly rent If, mortgage coupon, utility bill(s) (heat, electric, water, sewer), cable/internet, telephone, child support payments etc.
9. If out of work for medical reasons a doctor’s note will be needed.

The ultimate objective of Cerro Gordo County General Assistance is to assist individuals to become self-supportive and self-reliant.

Date of Application: _____

Number in Household: _____

I. WHAT KIND OF ASSISTANCE ARE YOU APPLYING FOR?

- RENT:** Current \$ _____ or Past Due \$ _____
- UTILITIES:** Current \$ _____ or Past Due \$ _____

II. IDENTIFYING INFORMATION

_____	_____	_____
Last Name	First Name	Middle
_____	_____	_____
Maiden/Other Names	Marital Status M/S/D/W	Name of Spouse
_____	_____	_____
Soc. Sec. #	Date of Birth	Telephone #

Were you or your spouse in the military? Yes No

If yes, **STOP**, apply for assistance through Veteran's Office.

Present Address: _____
Street City State Zip

Landlord Name: _____ Landlord Telephone: _____

Previous Addresses:

1. _____
Address City State From (Mo/Yr.) To (Mo/Yr.)
2. _____
Address City State From (Mo/Yr.) To (Mo/Yr.)

List All Members of Household: (any relatives, children, roommates, etc.)

NAME	BIRTHDATE	SOC. SEC. #	RELATIONSHIP

List relatives not living with you: (children, parents, and siblings)

NAME	CITY	STATE	RELATIONSHIP

III. EMPLOYMENT INFORMATION: (Please list ATLEAST 2 previous jobs per household member 18 and older)

NAME	EMPLOYER	JOB TITLE	DATE BEGAN: Mo/Yr.	DATE ENDED: Mo/Yr.	MONTHLY WAGES

Have you or anyone in the household voluntary quit a job or been fired in the last 90 days? Yes No

If yes, please explain:

If not employed, date of last employment: _____

***If you cannot work because of health reasons, provide a letter from Health Care Provider**

Are all able-bodied household members registered with Workforce Development? Yes No

Do you, spouse, or dependent children have a serious disability? Yes No

If yes, please explain: _____

*****At least 6 job searches per member who is not employed*****

Date	Name of Business	Address of Business	Name of Person Contacted	Phone # of POC

What caused you to be in this emergent situation?

IV. INCOME

Does anyone in your home receive any of the following income?

Source of Income	Circle One	Amount	How Often is Income Received?	Name or Names of Person(s) Receiving
FIP	Yes No			
Food Stamps	Yes No			
Rent Assistance (Section 8, HUD, NIRHA)	Yes No			
Employment/ Self Employment	Yes No			
Student Loans or Grant	Yes No			
Unemployment	Yes No			
Worker's Comp.	Yes No			
Railroad Retirement	Yes No			
Social Security	Yes No			
Supplemental Security Income (SSI)	Yes No			
Child Support or Alimony or Child Tax Credit	Yes No			
Military dependent Allotment or Allowance	Yes No			
Disability Insurance Payments	Yes No			
IPERS or Other Pension or Compensation	Yes No			
Money from other persons, gift, loans	Yes No			
Tax Refund	Yes No			
Other (Explain)	Yes No			
TOTAL MONTHLY HOUSEHOLD NET INCOME				\$

V. RESOURCES

Does anyone in your home have any of the following resources?

	Circle One	Amount	Location	Person(s)
Cash on Hand	Yes No			
Checking Acct.	Yes No			
Savings Acct.	Yes No			
Stocks/Bonds/CD/IRA	Yes No			
Time Certificates/Mutual Funds	Yes No			
Conservatorship/Trust	Yes No			
Automobile(s), Truck(s), or Motorcycles	Yes No			
Snowmobile(s) or Boat(s)	Yes No			
Mobile Home(s) or Campers	Yes No			
Cashapp, Chime, Etc.	Yes No			
Other (Specify)	Yes No			

Has anyone in your home received anything of cash value in the last two years (i.e., gifts inheritance, winnings, settlements, etc.?) Yes No

If yes, list item and cash value: _____

Has any member of the family given away or disposed of assets valued at \$1,000 or more during the last 5 years? Yes No

If yes, list item and cash value: _____

VI. EXPENSES

Does anyone in your home have any of the following expenses?

Expense	Circle One	Amount Owed	Company/Agency
Rent	Yes No		
Housing Payment	Yes No		
Electricity/Gas	Yes No		
Water	Yes No		
Student Loans	Yes No		
Car Payment	Yes No		
Car Insurance	Yes No		
Groceries	Yes No		
Child Care Costs	Yes No		
Social Security Overpayments	Yes No		
Child Support or Alimony	Yes No		
Phone (cell or landline)	Yes No		
Cable/Internet	Yes No		
Other (Explain)	Yes No		
TOTAL MONTHLY HOUSEHOLD EXPENSES			\$

VII. MISCELLANEOUS INFORMATION

How long have you lived in Cerro Gordo County? _____

Are you an U.S. Citizen? Yes No

Are you a college student (university, community college, trade/technical school, online)?
 Yes No

Have you applied anywhere else for any type of assistance in the last 12 months? Yes No

If yes, where and the determination? _____

Have you, your spouse, or dependent(s) applied for all the benefits for which you might be eligible? Yes No

CERTIFICATION STATEMENT: (please initial after reading and agreeing with these statements)

_____ I/WE HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ I/WE UNDERSTAND THE INFORMATION PROVIDED WILL BE USED TO DETERMINE ELIGIBILITY FOR COUNTY BENEFITS BEING APPLIED FOR.

_____ I/WE UNDERSTAND IF ANY FALSE STATEMENTS ARE PROVIDED OR INFORMATION OMITTED, THIS APPLICATION WILL NOT ONLY BE DENIED BUT I/WE WILL BE BARRED FROM APPLYING FOR 90 DAYS.

RELEASE OF INFORMATION:

I HEREBY AUTHORIZE THE CERRO GORDO COUNTY ASSISTANCE PROGRAM TO SHARE AND RECEIVE ANY AND ALL INFORMATION REGARDING MY REQUEST FOR DETERMINING ELIGIBILITY OF ASSISTANCE. THIS SIGNATURE IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE OR UNTIL SERVICES ARE TERMINATED. I UNDERSTAND I MAY REVOKE THIS STATEMENT AT ANY TIME BY WRITTEN NOTIFICATION TO THE CERRO GORDO COUNTY ASSISTANCE PROGRAM.

Signature of Applicant

Date

Signature of Spouse or Other

Date