

## APPLICATION FOR COUNTY RENT/UTILITY ASSISTANCE

Date: \_\_\_\_\_ Total Amount of assistance necessary: \$ \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Other: (explain) \_\_\_\_\_ \$ \_\_\_\_\_

**SECTION I – PERSONAL AND HOUSEHOLD DATA: (Print)**

APPLICANT: LAST NAME                      FIRST                      M.I.                      DATE OF BIRTH                      SOCIAL SECURITY #

CO-APPLICANT: LAST NAME                      FIRST                      M.I.                      DATE OF BIRTH                      SOCIAL SECURITY #

STREET ADDRESS (and mailing, if different)

CITY    STATE    ZIP CODE    PHONE #

I have lived at the above address since: Month \_\_\_\_\_, Day \_\_\_\_\_, Year \_\_\_\_\_  
 Prior to that I lived at \_\_\_\_\_, How Long: \_\_\_\_\_

<b>INCOME GUIDELINES:</b>	<b>Household size</b>	<b>Monthly Income</b>	<b>Annual Income</b>
<b>(Gross Monthly/Annual Income)</b>	<b>1</b>	<b>1,133.00</b>	<b>13,590.00</b>
(revised 03/2022)	<b>2</b>	<b>1,526.00</b>	<b>18,310.00</b>
	<b>3</b>	<b>1,919.00</b>	<b>23,030.00</b>
	<b>4</b>	<b>2,313.00</b>	<b>27,750.00</b>
	<b>5</b>	<b>2,706.00</b>	<b>32,470.00</b>
	<b>6</b>	<b>3,099.00</b>	<b>37,190.00</b>
<b>(For families/households with more than 8 persons, add \$4,720.00 for each additional person)</b>	<b>7</b>	<b>3,493.00</b>	<b>41,910.00</b>
	<b>8</b>	<b>3,886.00</b>	<b>46,630.00</b>

**If you have special circumstances you want considered, that would allow deviation from the income guidelines, please provide a detailed explanation: (Please Print)**


**MARITAL STATUS:** (Circle One): Single - Married - Separated - Divorced - Widow (er)

If married give spouses name and date of marriage: \_\_\_\_\_

If formerly married list name of former spouse (s) date of marriage, divorce, separation or death: \_\_\_\_\_

**VETERAN:** Are you or anyone in your household a Veteran (circle one)?    Yes    or    No    If yes please explain: \_\_\_\_\_

**JOB SERVICE:** Are all household members able to work registered at Job Service (circle one)? Yes or No  
**OTHER HOUSEHOLD MEMBERS:** (if more space is needed provide information on back)

	NAME	Date of Birth	Relationship	Social Security #
1				
2				
3				
4				
5				
6				

**OCCUPATION (S):** of household members (over 18) List current job and last 2 jobs held **Provide Pay Stubs**

<u>Applicant</u>	Employer	Dates	Job Title	Wages	Hours	Reason Left
<i>Current</i>						
<i>Past</i>						
<i>Past</i>						

**COMMENTS:**

<u>Co-Applicant</u>	Employer	Dates	Job Title	Wages	Hours	Reason Left
<i>Current</i>						
<i>Past</i>						
<i>Past</i>						

**COMMENTS:**

	Employer	Dates	Job Title	Wages	Hours	Reason Left
<i>Current</i>						
<i>Past</i>						
<i>Past</i>						

**COMMENTS:**

**SECTION II: (INCLUDE INFORMATION FOR TOTAL OF ALL HOUSEHOLD MEMBERS)**

ASSETS	Value	DEBTS	
Cash in Banks: (savings & Checking)	\$	Debts to Bank	\$
Investments (bonds, Stocks, etc.)	\$	House Payments	\$
Real Estate (location)		Auto Payments	\$
Use:	\$	Recreational Vehicles	\$
Vehicles and/or Recreational Vehicles: (type & year)		Medical Bills	\$
#1	\$	Other Bills (Please List)	\$
#2	\$	#1	\$
#3	\$	#2	\$
Farm Equipment:	\$	<b>Total Debt</b>	<b>\$</b>
Other Assets:	\$	<b>MONTHLY OBLIGATIONS</b>	
	\$	Rent	
List & Describe all anticipated income		Day Care	
such as land sales, trusts, gifts, allotments,		Electricity	
inheritances, or expected payments on any kind:		Gas/Propane Heat	
#1	\$	Water & Sewer	
#2	\$	Gasoline (auto)	

#3	\$	Insurances: Medical, Life, Car	
#4	\$	Other (explain)	
<b>Total Assets</b>	<b>\$</b>	<b>Total Obligations</b>	<b>\$</b>

**SECTION III. INCOME TAX INFORMATION:**

**Last Year's Gross Income:** \$ \_\_\_\_\_ You must provide most recent years Federal Income Tax Form.  
 Comments: \_\_\_\_\_

**SECTION IV. INCOME INFORMATION: (Complete on all household members)**

APPLICANT	AMOUNT		CO-APPLICANT	AMOUNT	
	Monthly	Yearly		Monthly	Yearly
Social Security	\$	\$	Social Security	\$	\$
SSI	\$	\$	SSI	\$	\$
Wages	\$	\$	Wages	\$	\$
Self-Employ Wages	\$	\$	Self-Employ Wages	\$	\$
Veterans Benefits	\$	\$	Veterans Benefits	\$	\$
Military Benefits	\$	\$	Military Benefits	\$	\$
National Guard	\$	\$	National Guard	\$	\$
BIA / GA	\$	\$	BIA / GA	\$	\$
Lease Payments	\$	\$	Lease Payments	\$	\$
ADC	\$	\$	ADC	\$	\$
Foster Care	\$	\$	Foster Care	\$	\$
Unemployment	\$	\$	Unemployment	\$	\$
Workers Comp	\$	\$	Workers Comp	\$	\$
Vacation/Sick Pay	\$	\$	Vacation/Sick Pay	\$	\$
Retirement	\$	\$	Retirement	\$	\$
Strike Benefits	\$	\$	Strike Benefits	\$	\$
Child Support	\$	\$	Child Support	\$	\$
Alimony	\$	\$	Alimony	\$	\$
Food Stamps	\$	\$	Food Stamps	\$	\$
L.I.E.A.P.	\$	\$	L.I.E.A.P.	\$	\$
W.I.C.	\$	\$	W.I.C.	\$	\$
Subsidized Housing	\$	\$	Subsidized Housing	\$	\$
Other Income	\$	\$	Other Income	\$	\$
Insurance Settlement	\$	\$	Insurance Settlement	\$	\$
Insurance Cash Value	\$	\$	Insurance Cash Value	\$	\$
Scholarships	\$	\$	Scholarships	\$	\$
School Loans / Grants	\$	\$	School Loans / Grants	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>Total Income</b>	<b>\$</b>	<b>\$</b>

**SECTION V. MISCELLANEOUS INFORMATION:**

<b>APPLICANT:</b>	<b>Can your parents provide you with assistance? Yes or No</b>
	<b>Explain:</b>
<i>Fathers Name:</i>	
<i>Fathers Address:</i>	
<i>Employed by:</i>	As a: _____
<i>Mothers Name:</i>	

<b>Mothers Address:</b>	
<b>Employed by:</b>	As a: _____
<b>CO-APPLICANT:</b>	<b>Can your parents provide you with assistance? Yes or No</b>
	<b>Explain:</b>
<b>Fathers Name:</b>	
<b>Fathers Address:</b>	
<b>Employed by:</b>	As a: _____
<b>Mothers Name:</b>	
<b>Mothers Address:</b>	
<b>Employed by:</b>	As a: _____

**EDUCATION:** Years of Education Applicant: \_\_\_\_\_ Specialized Training: \_\_\_\_\_

Years of Education Co-Applicant: \_\_\_\_\_ Specialized Training: \_\_\_\_\_

Other Adult Household Member Years of Education: \_\_\_\_\_ Specialized Training: \_\_\_\_\_

Adults presently enrolled in school (circle one)? Yes or No : If yes please explain: \_\_\_\_\_

Has any household member received assistance from any other agency in the past 30 days? Yes or No  
Explain: \_\_\_\_\_

Does any household member expect to receive income this month that was not reported above? Yes or No  
Explain: \_\_\_\_\_

**SECTION IV. DECLARATION:**

- I will supply all necessary information to support this application for County Assistance.
- I authorize a representative of the county to make all necessary inquiries in relation to this application.
- I understand any false statements or misrepresentations made in connection with this application constitute a violation of law.
- I understand that a **lien** in the amount of any county assistance I receive will be filed against me, and any real or personal property owned by me.
- I understand that I am responsible to **repay** to Lawrence County any county assistance granted to me.
- I understand that any delinquent account will be turned over to a collection agency and interest will be charged.
- I understand that if I am not satisfied with the decision of this office I may appeal to the County Commissioners.
- I swear (or affirm) that the statements made herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public



**AGREEMENT TO REFRAIN FROM GAMING &  
COUNTY ASSISTANCE REPAYMENT AGREEMENT**

**Whereas**, Lawrence County has provided public assistance to the undersigned person,  
and

**Whereas**, gaming activity by the undersigned would be contrary to his/her financial  
condition which has necessitated the receipt of financial assistance;

**Now Therefore**, The undersigned does hereby agree that as a condition for receiving  
the aforementioned public assistance, I shall refrain from any type of gaming activity  
whether authorized by law or otherwise. I understand and agree that in the event I  
should participate in gaming activity within sixty (60) days of the receipt of public  
assistance, Lawrence County reserves the right to terminate any further assistance and to  
seek immediate reimbursement for the public assistance previously received.

**I further agree** to repay to Lawrence County \$ \_\_\_\_\_ per month  
until all County Assistance granted to me has been repaid in full. I further understand  
that any delinquent account will be turned over to a collection agency and interest will  
then be charged.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public