

Chickasaw County General Assistance

Name: _____ DOB: _____ SSN: _____

Current Address: _____ County: _____
Street City State Zip

When did you move to this address? _____ / _____ Preferred Phone Number: _____
Month Year

Gender: Male Female Veteran? Yes No Marital Status: _____ Race: _____

Level of Education: None H.S. Diploma GED Associates Bachelors or higher

CURRENT EMPLOYMENT STATUS (if minor, this would be parent/guardian employment status)

_____ Unemployed _____ Student _____ Retired
 _____ Employed (Circle one) _____ Supported Employment _____ Other

Employer Name: _____ Hours/Week: _____ Hourly Wage \$ _____

SPOUSE AND DEPENDENTS IN HOUSEHOLD: (must list dates of birth for dependents) **use back if more room needed**

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Who is your emergency contact?

Name: _____ Phone: _____ Relationship: _____

INCOME	APPLICANT	OTHERS IN HOUSEHOLD
Tax Refunds	_____	_____
Social Security	_____	_____
SSI	_____	_____
SSDI	_____	_____
Employment Wages	_____	_____
FIP	_____	_____
Child Support	_____	_____
Veteran's Benefits	_____	_____
Railroad Pension	_____	_____
Rental Income	_____	_____
Dividends, Interest, Etc.	_____	_____
Food Stamps	_____	_____
Lump Sum Monies	_____	_____
Support from Others	_____	_____
TOTAL MONTHLY INCOME	_____	_____

RESOURCES	AMOUNT	LOCATION
Cash	_____	_____
Checking Account	_____	_____
Savings Account	_____	_____
Stocks and Bonds	_____	_____
Certificates of Deposit	_____	_____
Life Ins. (cash value)	_____	_____
Trust Funds	_____	_____
Burial Contracts	_____	_____
Recreational Vehicles	_____	_____
Real Estate (non-residence)	_____	_____
Other	_____	_____
TOTAL RESOURCES	_____	_____

I hereby attest that the information I have provided is true and I also give Chickasaw County General Assistance permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I may be subject to prosecution if knowingly provide false information. I also acknowledge I have been given a copy of the Chickasaw County General Assistance Notice of Privacy Practices.

Applicant's Signature: X _____ **Date:** _____
(Application **must** be signed or witnessed and dated to be considered for assistance)

APPROVED DENIED Reason for Denial _____

Staff Signature: _____ **Date:** _____