

MITCHELL COUNTY GENERAL ASSISTANCE

415 Pleasant St
Osage, Iowa 50461

PHONE: 641-832-3500
FAX: 641-832-3501

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. Mitchell County General Assistance office hours are Monday-Friday 8:00 a.m. to 4:00 p.m. **STOP if applying for assistance as a Veteran.**

PROVIDE VERIFICATION FOR THE FOLLOWING ITEMS:

FOR ALL HOUSEHOLD MEMBERS

Application – **you must complete all blanks, required signatures, and provide bank statements for the last 30 days**

Mitchell County General Assistance – **UTILITY ASSISTANCE**

IMPORTANT: All utility requests must start with North Iowa Community Action Energy Assistance program (641-228-2893). From October 1 – April 30 federal energy assistance is available through North Iowa Community Action.

1. This application must be completely filled out
2. Proof of income for the last 30 days for the entire household
3. Proof that you have applied for Energy Assistance through North Iowa Community Action
4. Copy of the current utility bill (cannot pay past due utilities)

Mitchell County General Assistance – **RENT ASSISTANCE**

1. This application must be completely filled out
2. Statement from the landlord showing how much rent is owed for the month and the name and address of the landlord (cannot pay past due rent)
3. Proof of income for the last 30 days for the entire household
4. Cannot pay for a deposit

All documents can be emailed to Mitchell County General Assistance lhuisman@mitchellcoia.us

The ultimate objective of Mitchell 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 \$ _____

_____ **EMERGENCY SHELTER:** \$ _____

_____ **UTILITIES (Gas, LP, Water, Electric):** Current \$ _____

_____ **FOOD ASSISTANCE:** Current \$ _____

II. IDENTIFYING INFORMATION

Last Name

First Name

Address

City/State/Zip

Maiden/Other Name

Marital Status

Name of Spouse

Date of Birth

Phone Number

Were you in the military? ____ YES ____ NO

If yes, ***STOP***, apply through the Veterans Affairs office

List All Member of the Household: (Full time and Part time, any relatives, children, roommates, etc.)

NAME	AGE	RELATIONSHIP

III. EMPLOYMENT INFORMATION

Employment Status? ____ Unemployed ____ Student ____ Retired ____ Other
____ Employed (Circle One)

Full Time Part time/Seasonal

If not employed, date of last employment _____

NAME	EMPLOYER	JOB TITLE	DATE BEGAN: Month/Year	DATE ENDED: Month/Year	MONTHLY WAGES

Do you, spouse, or dependent children have serious disability? ____YES ____NO

If yes, please explain? _____

What caused you to be in the 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 Name(s) of Person(s) Receiving
FIP	Yes No			
Food Stamps	Yes No			
Employment	Yes No			
Student Loan Grant	Yes No			
Unemployment	Yes No			
Worker's Comp.	Yes No			
Railroad Retirement	Yes No			
Social Security	Yes No			
Supplemental Security (SSI)	Yes No			
Child Support	Yes No			
Military dependent allowance	Yes No			
Disability Insurance payments	Yes No			
IPERS or other Pensions	Yes No			
Money from other persons, gifts, loans	Yes No			
Tax refund	Yes No			
Other (Explain)	Yes No			
TOTAL INCOME				

TOTAL MONTHLY NET INCOME \$ _____

If you reported no income, how do you pay your bills? (Do not leave blank if no income reported)

V. RESOURCES

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

	Circle One	Amount	Person
Cash on Hand	Yes No		
Checking Account	Yes No		
Savings Account	Yes No		
Stocks/Bonds/CD/IRA	Yes No		
Conservatorship/Trust Fund	Yes No		
Recreational Vehicles	Yes No		
Real Estate (non-residence)	Yes No		
Mobile Home or Camper	Yes No		
Cashapp, Chime, Venmo Etc.	Yes No		
Other (Specify)	Yes No		
TOTAL RESOURCES			

VI. MISCELLANEOUS INFORMATION

How long have you lived in Mitchell County? _____

Are you a U.S. citizen? ____ Yes ____ No

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

_____ I CERTIFY THAT THE STATEMENTS MADE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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

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

RELEASE OF INFORMATION

I AUTHORIZE THE MITCHELL COUNTY GENERAL 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 MITCHELL COUNTY GENERAL ASSISTANCE PROGRAM.

Signature of Applicant

Date