

**HENRY COUNTY VETERAN'S AFFAIRS  
GENERAL ASSISTANCE APPLICATION  
106 N. Jackson, Mt. Pleasant, IA 52641  
319-385-0790 Fax: 319-385-8016**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of help needed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Military Service Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

How long have you lived in Henry County? \_\_\_\_\_ Where did you live before? \_\_\_\_\_ How long? \_\_\_\_\_

List EVERYONE in your household:

	Name	Birth date	Relationship
1.			
2.			
3.			
4.			
5.			

Marital Status: Married  Single  Separated  Divorced  Widowed

Do you have Medical Insurance? Yes  No  Company: \_\_\_\_\_

Do you have Life Insurance? Yes  No  Company: \_\_\_\_\_

Do you have Title XIX? Yes  No

Are you receiving Veteran's Medical Benefits? Yes  No

**EMPLOYMENT:**

Applicant employed by: \_\_\_\_\_

Last employed by: \_\_\_\_\_  
 Discharged  Laid off Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Spouse employed by: \_\_\_\_\_

Last employed by: \_\_\_\_\_  
 Discharged  Laid off Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Dependents employed by: \_\_\_\_\_

**INCOME:**

Please provide proof of any income in the last 30 days for any adults in your home.

Last year's net income \$ \_\_\_\_\_

Source of Income	Amount	How often Received	Person receiving income
Veteran's Benefits	___ Yes ___ No		
Self Employment	___ Yes ___ No		
Employment (net wages)	___ Yes ___ No		
Unemployment Benefit	___ Yes ___ No		
Workman's Comp.	___ Yes ___ No		
Social Security	___ Yes ___ No		
SSI	___ Yes ___ No		
Pension or Compensation	___ Yes ___ No		
Private Earnings	___ Yes ___ No		
Disability Payment	___ Yes ___ No		
Child Support	___ Yes ___ No		
Regular Cash			
From Relatives	___ Yes ___ No		
Room & Board Pmts.	___ Yes ___ No		
F.I.P.	___ Yes ___ No		
Food Stamps	___ Yes ___ No		
I.P.E.R.S.	___ Yes ___ No		
All Other Income	___ Yes ___ No		

Every source must be checked above.

**EXPENSES:**

Food \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ House payment \$ \_\_\_\_\_  
 Heating \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_ Car payment \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_  
 Medical: doctor \$ \_\_\_\_\_ hospitals \$ \_\_\_\_\_ medication \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_ Charge accounts \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**RESOURCES:**

Cash on Hand \$ \_\_\_\_\_ Stocks, bonds, etc. \$ \_\_\_\_\_  
 Checking Account \$ \_\_\_\_\_ Real Estate \$ \_\_\_\_\_  
 Savings Account \$ \_\_\_\_\_ Vehicles \$ \_\_\_\_\_ year \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_

**I understand I assume full responsibility for the accuracy of the statements on this form, and I understand the Veteran's Affairs office will use these statements to determine my eligibility for general assistance.**

**I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons to release any information to document this information given in this application. I also authorize the Veteran's Affairs office to release pertinent information while seeking to benefit my welfare. Release to be effective for sixty (60) days.**

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

\_\_\_\_\_  
**Date**