

ELIGIBILITY REQUIREMENTS FOR _____ TOWNSHIP ASSISTANCE

YOU **MUST** HAVE THESE ITEMS FOR **ALL HOUSEHOLD MEMBERS** IN ORDER TO COMPLETE THE APPLICATION:

1. FOOD STAMP/AFDC PROGRAM VERIFICATION

- _____ A. Food Stamp/TANF Referral
- _____ B. Appointment verification form for food stamps/TANF
- _____ C. Referral letter from outside agency

2. CONFIRMATION OF RESIDENCY (TWO OF THE FOLLOWING):

- _____ A. Indiana Driver's License for anyone 18 and over at the CURRENT address
- _____ B. Indiana Identification Card for any non-driver 18 and over at the CURRENT address
- _____ C. Registration for all vehicles in the household

3. CONFIRMATION OF FAMILY SIZE

- _____ A. Birth Certificates
- _____ B. Social Security Cards
- _____ C. Marriage License
- _____ D. Divorce Decree
- _____ E. Immigration Card and/or Naturalization papers

4. CONFIRMATION OF HOUSEHOLD INCOME

- _____ A. Pay stubs for the last thirty (30) days
- _____ B. Child Support/TANF payments received for the last thirty (30) days
- _____ C. Social Security and/or pension payments
- _____ D. Unemployment Compensation – printout out of benefits or ineligibility
- _____ E. Current income tax papers (Federal & State, W2s)
- _____ F. WorkOne printout

5. CONFIRMATION OF ASSETS

- _____ A. Savings account statement for all household members for the last ninety (90) days
- _____ B. Checking account statement for all household members for the last ninety (90) days
- _____ C. Stock and savings bonds, CDs, 401k plans, IRA statements
- _____ D. Personal property (boats, trailers, cars, etc)

6. CONFIRMATION OF COST OF SHELTER

- _____ A. Rent receipt
- _____ B. CURRENT lease
- _____ C. CURRENT mortgage statement or payment book, property tax and insurance

7. CONFIRMATION OF ALL EXPENSES PAID IN THE LAST 30 DAYS

- _____ A. Paid receipts from doctors, dentists, eye doctors, hospitals, etc.
- _____ B. Paid receipts from drug stores and medical supplies
- _____ C. Receipts for any other household expenses – credit cards, student loans, car payments, etc.

8. ALL CURRENT MONTH'S BILL (PAID OR UNPAID) – Including but not limited to:
NIPSCO, Water, Phone, Cell Phone, Cable, etc.

9. PROVIDE PROOF FOR ENERGY ASSISTANCE

10. PROVIDE PROOF OF ASSISTANCE FROM CHURCHES OR OTHER SOCIAL SERVICE AGENCIES