COUNTY OF POLK

Community, Family & Youth Services

General Assistance
2309 Euclid Avenue, Des Moines, IA 50310
Phone: 515.286.2088 / Fax: 515.323.5220
www.polkcountyiowa.gov

Application Guidelines

In order to be eligible for General Assistance you must:

- Reside in Polk County
- Be over 18 or an emancipated minor
- Meet income and eligibility guidelines
- Apply first for any state or federal programs for which you may be eligible (FIP, food stamps, etc.)

Note: If you are a veteran, you must provide a Polk County Veteran Affairs Notice of Decision. This can be obtained from Polk County Veteran Affairs, 2309 Euclid, 286-3670.

Requirements

- General Assistance application
- Photo Identification for all adults in the home. If any adult is a high school student they must provide their current class schedule and current high school ID.
- Documentation of **income** and **expenses** (receipts, pay stubs, bank statements or printouts, Social Security award letter, FIP Notice of Decision, etc.) for the past 30 days (in some cases, for the past 90 days- tax refunds and financial aid).
- If unemployed, have a pending unemployment claim and/or are currently receiving unemployment benefits, you will need an informational form (White Sheet) from the Iowa Workforce Development Center located at 430 E Grand Ave.
- If unable to work due to medical incapacity, a Polk County "Medical Incapacity Report" completed by a physician or licensed professional. If permanently disabled and applying for SSI or SSDI you must also provide, verification of your SSI / SSDI application and current status of that claim.

Additional Requirements

Rent Assistance: A completed Polk County Landlord Statement (the form will be given to you at the General Assistance office with your maximum eligibility amount noted).

Mortgage Assistance: A completed Polk County Mortgage Holder Assistance Statement (the form will be given to you at the General Assistance office).

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- Please make sure the company includes your loan account # for the mortgage (question 9 on the form).
- Provide verification of ability to satisfy the balance at the time of interview (i.e money order, cashier's check etc) OR pended to seek assistance from other agencies for the remainder of the balance.
- If you are behind on your mortgage and/or facing foreclosure it may also be beneficial for you to contact Iowa Mortgage Help Hotline @ 1-877-622-4866.

For Utility Assistance: Utility assistance includes payments for electricity, gas for heating/cooking, propane for heating/cooking or water. The applicant must be the individual whose name is on the bill and they must reside at the address where utility service assistance is being requested.

- Electricity/gas disconnect notice (or bill verifying you are in threat of breaking a payment agreement. *If your electricity and/or gas are supplied by Mid-American Energy then G.A. can look up your account information on a shared agency website with your account number*.
- Water utility disconnect notice. Please call your water company & ask them to fax your 12 month billing and payment history to Polk County General Assistance @ 515-323-5220.

For Bed, Crib, Stove and/or Refrigerator Assistance (maximum assistance = $200)**:**

- Written estimate from the store verifying item and the cost.
- Written verification the store will accept a Polk County General Assistance voucher.
- Written verification from the property owner that the applicant is responsible for supplying their own stove and/or refrigerator because one is not supplied for them.

For work clothing assistance (maximum assistance $100)**:**

- Completed employer statement.
- Written verification from your employer specifying exactly what clothing / boots are required.
- Written estimate from the store specifying item(s) and cost.
- Written verification the store will accept a Polk County General Assistance voucher.

Polk County General Assistance does not assist with rental deposits, utility deposits or back rent. Furthermore, General Assistance is not available for old utility bills, utility bills in

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someone else's name, utility reconnect fees, utility repairs and/or miscellaneous equipment related costs.

Right of Appeal

If you do not agree with the decision that is made, you have the right to appeal. You must file the appeal within ten calendar days of the decision. To receive the necessary forms, you may ask any staff member while you are at the General Assistance office or call 515-286-2088 and ask that the forms be mailed to you.

PLEASE COMPLETE YOUR APPLICATION IN BLACK OR BLUE INK

Hours of operation: Monday – Friday, 7:30am – 4:30pm

If you are in need of emergency assistance after regular business hours please call 211 to be connected with the local Red Cross answering service.

I received a HIPAA brochure: _____

Office Use Only:
GA #: _____
ID TYPE: _____
SSN: _____

POLK COUNTY DEPARTMENT OF COMMUNITY, FAMILY AND YOUTH SERVICES

Application for General Assistance

LIST ALL MEMBERS OF THE HOUSEHOLD *(children in the home full-time, relatives, roommates, etc.)*

NAME	SSN	BIRTHDATE	RELATIONSHIP	RACE	Gender	Marital Status

1. Please list separated or divorced spouse/s & dates: _____
2. Please list maiden name(s): _____ , _____, _____, _____
3. Phone number: _____ Other Contact number: _____
4. Current address: Street: _____ Apt # _____
5. City: _____ State: _____ Zip Code: _____ County: _____
6. When was the move-in date of your current address? Month: _____ Year: _____
7. Mailing address: _____ City: _____ State: _____ Zip: _____
8. Please list your ***previous*** addresses for the last 12 months:

Moved in	Moved out	Street/Apt. #	City	State	County	Zip Code	Evicted?

9. Have you ever been in the military? _____ Has your spouse ever been in the military? _____
10. Is there anyone else in the home that has been in the military? _____
11. Are there minor children in the home whose parent was in the military? _____

If you answered yes to any of the above, please complete the following:

VETERAN'S NAME	BRANCH	DISCHARGE TYPE	DATES OF SERVICE From: To:	*Office use only: VA denial provided or on file?*

12. Is anyone in the household a college student (university, community college, trade/technical school or online)? _____

If yes, please complete the following:

STUDENT'S NAME	SCHOOL	FULL/PART TIME	DATE OF AID	AMOUNT OF AID

13. What assistance are you requesting (if rent or mortgage, please list the month you are requesting assistance)?
_____ **Rent/Mortgage (month):** _____
14. Are you currently living in Transitional Housing (shelter, hotel/motel, half-way house, boarding home)? _____

Please complete next page

If yes, please list the name of the transitional housing: _____

15. Do you receive assistance with your rent/mortgage/utility payments? (Section 8, HUD, CIRHA, Student housing, DMMHA, Anawim, Capax, etc.)? _____ ***If yes, please list the agency & amount provided:***
_____ Amount: _____

16. Do you own or rent your home? _____ monthly payment:$_____
Do you live in a mobile home? _____ lot rent: $_____

17. Renters-Landlord's name: Phone number:

18.

Name of Utility Company		Name on Account	Account #	Pay arrangement?	Disconnection notice?
Electric				.	.
Gas				.	.
Water				.	.
Propane				.	.

Household net income (take home pay) for the last 30 days:	Head of Household	Other in household Name: _____	Other in household Name: _____
Monthly Employment wages & tips:	$	$	$
Family Investment Program (FIP):	$	$	$
Food Assistance (SNAP):	$	$	$
Retirement Social Security:	$	$	$
Social Security Disability Insurance (SSDI):	$	$	$
Supplemental Security Income (SSI):	$	$	$
Survivor Benefits:	$	$	$
Veterans Benefits:	$	$	$
Retirement Pension:	$	$	$
Unemployment Insurance Benefits (UIB):	$	$	$
Child Support/Alimony:	$	$	$
Workers Compensation:	$	$	$
Short/Long Term Disability:	$	$	$
Tax refund (90 days):	$	$	$
Balance on Checking/Savings/Prepaid card:	$	$	$
Other:	$	$	$

Please complete next page

I understand that the information I provide to Polk County Department of Community, Family & Youth Services is used to determine my household's eligibility for General Assistance. This information will be kept confidential as it is required by Iowa law except to the extent that I authorize its use. I hereby authorize the Polk County Department of Community, Family & Youth Services to release the information I have provided, including use of my social security number, for the purpose of checking the accuracy of the information I have provided, to verify my income as reported by the Workforce Development Center, and to determine my eligibility for General Assistance. I also authorize the Polk County Department of Community, Family & Youth Services to inform vendors to who assistance would be paid on my behalf, including my landlord, whether my application for assistance has been approved or denied.

I solemnly swear that the statements I made are true and correct to the best of my knowledge and belief. I am aware that it is unlawful to give false information.

I understand that any willful misrepresentation of the information provided may result in a court action against those persons who have fraudulently participated in the General Assistance Program.

_____ _____

Signature/s of adults in household applying for assistance Date (MM/DD/YYYY)

_____ _____

Signature/s of adults in household applying for assistance Date (MM/DD/YYYY)

Polk County Department of CFYS shall not discriminate against any person because of race, color, religion, creed, sex, sexual orientation, gender identity, age, national origin, genetic information, disability, or veteran or military status.