

BURLEIGH COUNTY

GENERAL ASSISTANCE APPLICATION

A signed application for General Assistance must be completed and returned to Burleigh County. The application should be completed by a household member who will be responsible for verifying the information in the application. Please answer all questions on the application. Any income or assets listed on the application must be verified.



You may return your completed, signed application by:

- 1) Faxing:**
Fax completed applications to **701-222-6476**.

- 2) Mailing:**
Burleigh County Social Services
415 E. Rosser Ave Suite 113
Bismarck, ND 58501

- 3) In Person:**
415 E. Rosser Ave Suite 113
Bismarck, ND 58501

APPLICATION FOR GENERAL ASSISTANCE

Name _____

Phone Number _____

Address _____

City _____

State _____

How long have you lived at this address? _____

Marital Status: Single Married Widowed Separated/Divorced

List name, relationship, birthdate, and social security number for ALL members of the household:

Name	Relationship	Birthdate	Social Security Number

Are any household members enrolled in a federally recognized tribe? Yes No

If yes, which tribe and which household member?:

Are any household members working? Yes No If yes, complete the following:

Person Employed	Employer	Take Home Pay Per Pay Date	Pay Date

Please provide copies of last month and this month's paystubs.

If not employed, are any household members registered with Job Service?: Yes No If no, why not?

If yes, which household member applied? When and Where?

Who was your last employer? _____

Reason for leaving? _____

Unearned Income

Do you, or any other member of your household receive money from any of the following? Provide proof of the net income from each source you mark as yes.

	Yes	No	Amount
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
WSI (Worker's Comp.)	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony or Support Payment	<input type="checkbox"/>	<input type="checkbox"/>	
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	
Tribal Payments	<input type="checkbox"/>	<input type="checkbox"/>	
TANF	<input type="checkbox"/>	<input type="checkbox"/>	
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement/Pension	<input type="checkbox"/>	<input type="checkbox"/>	
Employment/Wages	<input type="checkbox"/>	<input type="checkbox"/>	
Other Income/ Type of Income	<input type="checkbox"/>	<input type="checkbox"/>	

Have you or any members of the household applied for any of the above? Yes No

If yes, what was applied for and by which household member?

When did you or any member of the household apply?

Assets

This section pertains to assets and available resources. Do you or any member of the household have any of the following assets? All assets will need to be verified.

	Yes	No	Owner	Value	Location & Description of asset
Cash	<input type="checkbox"/>	<input type="checkbox"/>			
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>			
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>			
IIM Account	<input type="checkbox"/>	<input type="checkbox"/>			
Home/Land, Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>			
Stock bonds, CD's, Savings Bonds, IRA, Money Market	<input type="checkbox"/>	<input type="checkbox"/>			
Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>			
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>			
Life Insurance & Annuities	<input type="checkbox"/>	<input type="checkbox"/>			
Livestock, Farm Equipment, Machinery	<input type="checkbox"/>	<input type="checkbox"/>			
Other Property, including boats, Recreational vehicles, property	<input type="checkbox"/>	<input type="checkbox"/>			
Mineral Rights	<input type="checkbox"/>	<input type="checkbox"/>			

Have you or any members of the household transferred, given away, or sold any items of value such as, money, stocks, bonds, livestock, property, etc., in the past 2 years?

Yes No If yes, list which items:

Do you or any other members of the household have an interest in real property:

We own or are purchasing a home: Yes No If yes, give legal description (see tax statement)

Assessed Value \$ _____ Balanced owed \$ _____

We own or are purchasing real property other than a home: Yes No

If yes, give legal description (see tax statement) _____

Assessed Value \$ _____ Balanced owed \$ _____

We are selling property by Contract for Deed or Mortgage: Yes No

If yes, describe _____

Total amount owing \$ _____ When are payments due? _____

Amount of each payment \$ _____

We own an interest in mineral rights Yes No

If yes, describe: _____

Lease/royalty income \$ _____ Due when? _____

Do you or any household members have health insurance or on Medicaid? Yes No

If yes, which company: _____

Are any household members receiving any of the following?

	Yes	No
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
TANF	<input type="checkbox"/>	<input type="checkbox"/>
LIHEAP	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Surplus Commodities	<input type="checkbox"/>	<input type="checkbox"/>

List monthly household expenses:

Rent/Lot Rent \$ _____ To Whom: _____

House/Mobile Home Payment \$ _____ To Whom: _____

Child Care Costs \$ _____ To Whom: _____

Child or Spousal Support Paid \$ _____ To Whom: _____

Medical/Health Insurance Premiums \$ _____ To Whom: _____

Transportation \$ _____ To Whom: _____

Phone \$ _____ To Whom: _____

Utilities \$ _____ To Whom: _____

\$ _____ To Whom: _____

\$ _____ To Whom: _____

\$ _____ To Whom: _____

Is there a friend or relative who does or can help you? If yes, complete the following:

Name	Phone Number	What Help Can He/She Provide?

Reason for applying for General Assistance (be specific and give amounts of request):

I understand that the amount of General Assistance granted to me shall be a claim against my estate after death. I further understand that it is unlawful to obtain assistance by giving false statements or with holding information about income, property, or other circumstances which may affect my application and eligibility for General Assistance.

To assist the Burleigh County Social Service Board in determining my eligibility for General Assistance, I hereby authorize any person, agency or institution having information concerning my circumstances to furnish such information to an authorized representative of the Burleigh County Social Service Board.

I certify that the information given by me on this form is correct and complete to the best of my knowledge. I agree to contact the staff of Burleigh County Social Services if circumstances change my need(s) prior to action on this application.

Signature _____ Date _____

Signature of other household member _____ Date _____

FOR USE BY COUNTY SOCIAL SERVICE STAFF ONLY

Approved Denied Pending

Signature of Office Personnel _____ Date of Action _____