

Form GA-1

HUMAN SERVICE ZONE APPLICATION FOR GENERAL ASSISTANCE

NAME _____ BIRTH DATE _____ PHONE NO. _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____

SOCIAL SECURITY NUMBER: _____ VETERAN: YES NO

MARITAL STATUS: _____ SINGLE _____ MARRIED _____ WIDOWED _____ SEPARATED/DIVORCED

NAME OF SPOUSE: _____ BIRTH DATE: _____

LIST NAME, BIRTH DATE, AND RELATIONSHIP OF ALL PEOPLE LIVING WITH YOU:

NAME	BIRTH DATE	RELATIONSHIP

IF YOU LIVE IN _____ HUMAN SERVICE ZONE (COUNTIES OF ----) ON OTHER THAN A PERMANENT BASIS, PLEASE GIVE PERMANENT ADDRESS AND REASON FOR TEMPORARY RESIDENCE, I.E. ATTEND SCHOOL, VISIT: _____

I/WE HAVE LIVED IN: OWN HOME RENTED HOME/APARTMENT WITH RELATIVES/FRIENDS

IN THE PAST TWO YEARS, I/WE HAVE LIVED IN THE FOLLOWING PLACES:

CITY	STATE	FROM DATE	TO DATE

HAVE YOU RECEIVED HELP FROM ANY OTHER AGENCY WITHIN THIS STATE IN THE PAST YEAR?
 YES NO

IF YES, EXPLAIN: _____

DO YOU, YOUR SPOUSE, OR ANY OTHER MEMBER OF YOUR HOUSEHOLD WORK? YES NO

IF YES, COMPLETE THE FOLLOWING:

PERSON EMPLOYED	EMPLOYER	GROSS WAGES PAID	DATE PAID

DO YOU, YOUR SPOUSE, OR ANY OTHER MEMBER OF YOUR HOUSEHOLD RECEIVE MONEY FROM ANY OF THE FOLLOWING:

TYPE OF INCOME	YES	NO	AMOUNT
UNEMPLOYMENT COMPENSATION			
WORKMAN'S COMPENSATION			
SOCIAL SECURITY			
SUPPLEMENTAL SECURITY INCOME (SSI)			
VETERANS BENEFITS			
RENTAL INCOME			
LIFE INSURANCE			
INDIAN LEASE LAND			
ALIMONY OR SUPPORT PAYMENTS			
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES(TANF)			
DISABILITY INSURANCE			
RETIREMENT/PENSION			
OTHER:			

HAVE YOU EVER APPLIED FOR ANY OF THE ABOVE? YES NO
 IF YES, WHAT WAS APPLIED FOR? _____ WHEN? _____

DO YOU, YOUR SPOUSE, OR ANY OTHER MEMBER OF YOR HOUSEHOLD HAVE AN INTEREST IN REAL PROPERTY:

I/WE OWN OR ARE PURCHASING A HOME: YES NO
 IF YES, GIVE LEGAL DESCRIPTION(SEE TAX STATEMENT) _____
 ASSESSED VALUE \$ _____ BALANCE OWED \$ _____

I/WE OWN OR ARE PURCHASING REAL PROPERTY OTHER THAN A HOME: YES NO
 IF YES, GIVE LEGAL DESCRIPTION (SEE TAX STATEMENT) _____
 ASSESSED VALUE \$ _____ BALANCE OWED \$ _____

I/WE OWN OR HAVE EQUITY IN INDIAN TRUST LAND: YES NO
 IF YES, NAME RESERVATION(S) ON WHICH LAND IS LOCATED: _____

I/WE ARE SELLING PROPERTY BY CONTRACT FOR DEED OR A MORTGAGE: YES NO
 IF YES, DESCRIBE: _____
 TOTAL AMOUNT OWING \$ _____ WHEN ARE PAYMENTS DUE? _____
 AMOUNT OF EACH PAYMENT \$ _____

I/WE OWN AN INTEREST IN MINERAL RIGHTS: YES NO
 IF YES, DESCRIBE: _____
 LEASE/ROYALTY INCOME \$ _____ DUE WHEN? _____

DO YOU, YOUR SPOUSE, OR ANY OTHER MEMBER OF YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING RESOURCES?

RESOURCE	YES	NO	ESTIMATED VALUE	AMOUNT
CASH ON HAND:			-----	
CHECKING ACCOUNT:			-----	
SAVINGS ACCOUNT, INCLUDE CD'S:			-----	
IIM ACCOUNT:			-----	
STOCKS:			-----	
PREPAID BURIAL(FUND FOR BURIAL)			-----	
US SAVINGS BONDS/OTHER BONDS:			-----	

RESOURCE	YES	NO	ESTIMATED VALUE	DESCRIBE
LIVESTOCK:				
GRAIN:				
CAR(S):				
TRUCK(S):				
MOTORCYCLE/SNOWMOBILE(S):				
CAMPER/BOAT(S):				

OTHER PERSONAL PROPERTY (DECRPTION AND VALUE): _____

DO YOU HAVE LIFE INSURANCE? YES NO

IF YES, COMPANY NAME: _____ POLICY # _____

CAN YOU BORROW MONEY ON THIS POLICY? YES NO AMOUNT: \$ _____

DO YOU HAVE HEALTH INSURANCE? YES NO

IF YES, COMPANY NAME: _____

ARE YOU RECEIVING EBT/FOOD STAMPS? YES NO

SURPLUS COMMODITIES? YES NO

LIST MONTHLY EXPENSES YOU PAY:

EXPENSE	AMOUNT	TO WHOM
RENT/LOT RENT	\$	
HEAT/COOKING FUEL(GAS, PROPANE, ETC.)	\$	
ELECTRICITY	\$	
HOUSE/MOBILE HOME PAYMENT	\$	
CHILD CARE	\$	
PHONE	\$	
WATER	\$	
SEWER	\$	
GARBAGE	\$	
OTHER:		

MEDICAL INFORMATION

MEDICAL EXPENSE	TOTAL OWING	MONTHLY PAYMENT	TO WHOM
HEALTH INSURANCE	\$	\$	
HOSPITAL	\$	\$	
DOCTOR	\$	\$	
PRESCRIPTION MEDICINE	\$	\$	
OTHER:	\$	\$	

REASON FOR APPLYING FOR GENERAL ASSISTANCE (be specific and give amounts of request):

The Burleigh County Human Service Zone Board, in accordance with North Dakota Century Code Section 50-01-01, which states in part "Within the limits of the Human Service Zone appropriation, each Human Service Zone in this State is obligated, upon receipt of a written application, to provide General Assistance to persons who are residents of the Human Service Zone and who are eligible." has established the limit of General Assistance funding at the amount authorized on the General Assistance line item in the annual approved Burleigh County Human Service Zone budget. General Assistance is administered in accordance with a written plan approved by the Burleigh County Human Service Zone.

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 withholding information about my income, property, or other circumstances which may affect my application and eligibility for General Assistance.

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

I certify that the information given by me on this form is current and complete to the best of knowledge. I agree to contact the Burleigh County Human Service Zone if circumstances change need(s) prior to action on this application.

Signature _____ **Date** _____

FOR USE BY _____ HUMAN SERVICE ZONE STAFF

APPROVED DENIED PENDING

SIGNATURE OF HSZ PERSONNEL: _____

DATE: _____