

Fairfield Township Tippecanoe County

TOWNSHIP ASSISTANCE CHECK LIST

Client Name \_\_\_\_\_

Case# \_\_\_\_\_

PLEASE RETURN and bring written proof of ALL items checked below on

Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

IMPORTANT: If you do not return or contact us by the above date, assistance may be denied. \*If you have any questions, you must call BEFORE your appointment time! Regardless of the request, or date payment is due, the application process must be followed. Be mindful of your due dates on utilities\rent.

Come to your interview prepared! Incomplete applications will be denied!

There are several items that are needed for your application process. These items are needed to determine your eligibility for Township Assistance. You must submit the requested documentation with your application. If the proper documentation is not submitted with your application, your request for assistance will be DENIED.

- INDIANA** Driver's License or Picture ID for each household member 18 years of age or older
- Birth Certificates** for each household member
- Social Security Cards** for each household member or printout from Social Security Office (10 S 2<sup>nd</sup> St)
- Completed .Application**
- Utility bills** (phone, cell phone, cable, satellite, internet, gas, electric & water/sewage) Most recent of each
- Request For Earnings Information** -- last 30 days
- Child support:** file for/payments received or payments made for last 30 days (print-out from county clerk)
- Social Security Income** - SSI or SSD application/amount receiving/status & printout on all Direct Express cards
- Shelter Verification Form or Mortgage Agreement**
- Landlord Lease or Current Mortgage coupon**
- Activity Report:** on **all** checking, savings & any online banking apps **\*\*print out dated from \_\_\_\_\_ through current date**
- Unemployment** eligibility or denial from Work One
- Job Search Sheet verifying client's application for 5 jobs**
- Verification of employment** -- form provided
- TANF** (Temporary Assistance to Needy Families) (AFDC) application or print out for Last 90 Days
- Food Stamp / Medicaid** application or print out for the Last 90 Days. Must include listing of all household members
- Referral Agencies:** LUM\_\_\_\_ Salvation Army \_\_\_\_ Transitional Housing \_\_\_\_ Bauer \_\_\_\_ WIC \_\_\_\_
- Energy Assistance** (Area IV) apply & provide copy of application and amount of assistance received
- Physician's statement** of medical status-form provided
- Workman's compensation** -- file for / acceptance / denial