Ross Township Trustee Office
Township Assistance Supervisor – Donna Smith
26 West 73rd Avenue, (219) 769-2111 - Fax (219) 769-7709

REQUIREMENTS FOR ELIGIBILITY AND CERTIFICATION
All clients seeking Township Assistance must provide the following items to determine eligibility. In order to secure an appointment you must first complete the initial application provided and have all documentation requested before the interview can be scheduled. (Incomplete application and documentation will result in your appointment being rescheduled). You must first call to make an appointment!

I. REQUIREMENTS FOR ELIGIBILITY/CERTIFICATION
   A. Driver’s License or State ID with current township address
   B. Vehicle registrations, auto insurance policies, payment booklets, or title to all vehicles
   C. Rental lease, rent receipt or current mortgage statement or property tax statement
   D. Current expenses: Nipsco, sewer, water, disposal, internet bill, cable bill, home/cell phone bills and credit card statements, etc

II. CONFORMATION OF THE FAMILY SIZE
   A. Marriage License and or Divorce decree
   B. Social Security cards for each household member
   C. Birth Certificate for each household member

III. CONFORMATION OF HOUSEHOLD INCOME & RESOURCES
   A. Pay stubs for the past 90 days and verification of self-employment
   B. Wage inquiry printout for both Indiana and Illinois
   C. Unemployment wages for past 90 days or letter of denial
   D. Letter of termination from employer
   E. Child support payments received – Need divorce decree
   F. Childcare (daycare) voucher printout
   G. Social Security, SSD/SSI/Veterans Administration benefit statements
   H. Adoption/Foster Care assistance benefit statements
   I. Bankruptcy documentation
   J. TANF/Food stamp benefit statements- listing all household members
   K. Sick benefits: Worker’s Comp, Short/Long Term Medical, PTO, etc
   L. Federal and State tax returns with W-2’s and 1099’s
   M. Tuition assistance documentation: Awards, Pell grants, VA/student loans disbursements
   N. Verification of all other household income and resources

IV. CONFORMATION OF ALL ASSETS
   Must provide statements for last 90 days also quarterly, and year end statements
   A. Savings Account/ checking account statements and cancelled checks
   B. Credit Union statements
   C. Savings Bonds, Stocks, Certificates of Deposit, retirement plans, and pension plans

V. CONFORMATION OF SHELTER COST
   A. If a renter you must bring your lease, rent receipts and your landlord’s name, address, and telephone number
   B. If a renter with a Section 8 voucher you must bring in this paperwork
   C. Home owner bring your mortgage statement and property tax statement
VI. CONFIRMATION OF MEDICAL EXPENDITURES

A. Paid receipts from doctors, dentist, eye doctors, hospital

B. Paid receipts for prescriptions and medical supplies

C. You will need a current doctor’s letter as to nature of illness/disability, physical limitations and a release date. This information can be faxed to the Trustee office at 219-769-7709 however the original must be mailed. All correspondence must have the doctor’s signature. A statement from you doctor must be mailed to our office if requesting help with a special diet.

VII. VERIFICATION - ALL BENEFITS

A. FOOD STAMPS/TANF – Letter of acceptance or denial

B. MEDICAID – Letter of acceptance or denial

C. UNEMPLOYMENT – Letter of acceptance or denial

D. WORKER’S COMP & SHORT/LONG TERM DISABILITY – Verification of benefit or denial

E. SOCIAL SECURITY – Verification of benefit or denial

F. NOTICE FROM LOCAL UNION AS TO STRIKE/LAYOFF

G. YOU MUST PROVIDE CONFIRMATION OF ANY ADDITIONAL MONETARY ASSISTANCE YOU HAVE RECEIVED IN LAST 90 DAYS FROM ANY SOURCE SUCH AS CHURCHES, RELATIVES OR OTHER AGENCIES.
FAMILY RECORD

Last Name ____________________________________________

Maiden Name ____________________________________________

Single _____ Married _____ Divorced _____ Deserted _____ Widowed _____

Address __________________ No. Rooms ______ Rent/Payment ______ Landlord/Mtg. Co __________________

____________________________________________________________________________________

Family Members: First & Last Birth Date Age Social Security No.
Yourself:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Others in the Household Relationship Age Amount of contribution

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Parents His:

FATHER ADDRESS __________________

MOTHER ADDRESS __________________

Parents Hers:

FATHER ADDRESS __________________

MOTHER ADDRESS __________________
RELATIVES: USE BACK OF FORM IF NECESSARY

Brother ___________________________ Address ___________________________

Brother ___________________________ Address ___________________________

Sister ___________________________ Address ___________________________

Sister ___________________________ Address ___________________________

CHILDREN AWAY FROM HOME:

Name ___________________________ Address ___________________________

Name ___________________________ Address ___________________________

MILITARY SERVICE RECORD

Have you ever served in the United States Military – Yes _____ No _____

If the answer is yes, what branch? ___________________________

Discharge date? _______________________

Pension – Yes ______ No ______

I swear that all of the information on the Family Record is true and correct and that I and the members of my household have no means of support other than those herein listed.

Applicant’s signature ___________________________ Applicant’s signature ___________________________
PERSONAL PROPERTY

CARS:

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<th>MAKE OF CAR</th>
<th>PLATE NUMBER</th>
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CAMPERS

VANS, BOATS, ETC.

PROPERTY OWNED IN ADDITION TO LIVING QUARTERS:

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Applicant’s signature                      Applicant’s signature
WORKFARE

The Ross Township Trustee requires all able bodied indigent receiving assistance to do any work needed done by any governmental agency or unit within the township or any adjoining township, in exchange for assistance given.

Joseph D. Shudick, Jr., Ross Township Trustee

Ref: Indiana Code of 1971
Title 12
Article II, Public Welfare
Chapter I, Section 10

Date: ____________________________

TO WHOM IT MAY CONCERN:

I, __________________________________ residing at ____________________________
will repay the Ross Township Trustee through the Workfare Program for all aid.

________________________________
Signature of Applicant

________________________________
Signature of Spouse or Other Adult