

HARRISON COUNTY GENERAL RELIEF

207 E. 7TH ST.
LOGAN, IA 51546

Phone: (712) 644-2760
Website: <http://www.harrisoncountyia.org>

HARRISON COUNTY GENERAL RELIEF APPLICATION

DATE: _____

Applicant Information

First Name:	Middle Name:	Last Name:	Maiden Name:
Phone:		Alternate Phone:	
Social Security #		Date of Birth	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Do you have a legal guardian/conservator (person who makes decisions about you or your money)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please provide your current street address

Street	City	State	Zip

Please provide your current mailing address (if different from above)

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How long have you resided in Harrison County?

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Please list all other persons in your household

Name	Date of Birth	SS# (adults only)	Relationship

General Relief Assistance is being requested for help with:

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Why are you in financial difficulty at this time:

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HARRISON COUNTY GENERAL RELIEF APPLICATION

Monthly Expense History

Source	Provider	Amount
Rent/Mortgage		
Electric		
Gas/Propane		
Water/Sewer/Garbage		
Phone		
Medical		
Child Support		
Food		
Other		
Total Monthly Expenses:		

Employment History

Are YOU currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please provide last paystub as proof of employment)</i>	
Current or last employer: Self employed:	

Income this month: (Amount & Source)	Income last month: (Amount & Source)
Do you have health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind:
Have you applied for Title XIX (Medicaid) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you asking for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Income and resources for you and your family:	
CHECKING ACCT \$	SAVINGS \$
	OTHER \$
Vehicle Owned: (Make, Year, Value)	
Are you or any household member attending post-secondary (college) education courses? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your highest level of education completed?
Your signature on this application constitutes a reciprocal Release of Information between the Harrison County General Relief Office and the Dept. of Human Services	

Any other information we may need to process this request:

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I certify that all the information given by me in this application are correct and true to the best of my knowledge.

A copy of this application will be given to you for your records.

Applicant Signature

Date

To be completed by the County:

Request: Approved () Denied () Pended ()

N.O.D. Sent ()

Amount Approved \$ _____

Vendor: Name: _____

Address: _____

Phones: _____

Additional Comments:

HARRISON COUNTY GENERAL RELIEF APPLICATION

GENERAL RELIEF LANDLORD AGREEMENT

I UNDERSTAND THAT HARRISON COUNTY GENERAL RELIEF HAS AGREED TO PAY \$ _____
ON BEHALF OF _____, TENANT(S), FOR RENT.

I AGREE, BY ACCEPTING THESE FUNDS, NOT TO EVICT THIS TENANT FOR A PERIOD OF NO LESS THAN
THIRTY (30) DAYS FROM DATE APPROVED FOR ASSISTANCE FOR NON-PAYMENT OF RENT.

NO FUNDS WILL BE RELEASED UNTIL THIS FORM IS RETURNED TO HARRISON COUNTY GENERAL
RELIEF.

LANDLORD SIGNATURE

DATE

LANDLORD PRINTED NAME

MAILING ADDRESS

PHONE NUMBER