

# York County General Assistance Application

You must complete the entire application or your application will be denied due to lack of information

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Alias, Maiden Name, or Other Names used: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Town) (County) (State) (Zip)

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

1. Reason for Request:  Rent - Amount \_\_\_\_\_  Deposit - Amount \_\_\_\_\_  Transportation  Cremation  
 General Medical/Primary Care and Prescriptions  Other \_\_\_\_\_

2. I am:  Single  Married  Legal Separation  Divorced  Widowed  
 Ex-spouse's name \_\_\_\_\_ If legally separated/divorced/widowed give date \_\_\_\_\_

3. I (or my spouse) is/am a veteran.  Yes  No Branch of Service \_\_\_\_\_ Dates of Service: \_\_\_\_\_

4. Are you/spouse currently a student?  Yes  No I/Spouse am  Full Time  Part Time Name of School? \_\_\_\_\_  
 How many hours are you enrolled? \_\_\_\_\_ Hours Who Pays the Tuition? \_\_\_\_\_

5. I am a:  Citizen of the US.  Immigrant  Refugee My current status is \_\_\_\_\_

My Sponsor is: \_\_\_\_\_  
Name Address City/State/Zip Phone

**6. List all Household Members below including yourself:**

Name			Date of Birth		Age	Sex	Social Security Number	Relationship
First	MI	Last	Month	Day	Yr.	M/F		

7. During the past **two (2) years** I have lived at the following locations, starting with the most current residence:

- 1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City/State/Zip How Long? From To
- 2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City/State/Zip How Long? From To
- 3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City/State/Zip How Long? From To
- 4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City/State/Zip How Long? From To

8. Do you have any specific medical problems which relate to your financial inability to pay for your basic needs? \_\_\_\_\_

9. Are you currently enrolled in a treatment program?  Yes  No What Program? \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Assigned Caseworker: \_\_\_\_\_

10. Are you eligible for medication assistance through the LB 95 program (Psychiatric Medications for the Indigent)?  Yes  No  Not Sure

11. In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Employment for the last **24 months** of places you and your spouse have worked:

Name of Employer	Monthly Gross	Hours per wk	Hourly Rate	Begin Date	End Date	Reason for Termination

13. Are you registered at Workforce?  Yes  No Date \_\_\_\_\_ Is your spouse registered?  Yes  No Date \_\_\_\_\_.

14. List five (5) places where you (or your spouse) have applied for employment within the past 30 days:

Name of business	Address	City, State	Date Applied

**15. INCOME, ASSETS and RESOURCES**

SOURCE	SELF	SPOUSE	FAMILY & OTHER
Earned Income: (Show your total monthly gross income)	\$	\$	\$
I am paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	\$	\$	\$
Child Support: Including Court Ordered support you receive	\$	\$	\$
Alimony Show only amounts received	\$	\$	\$
Social Security (RSDI) and/or Supplemental Security Income (SSI)	\$	\$	\$
ADC – Aid to Dependent Children	\$	\$	\$
Retirement Income - (type)	\$	\$	\$
Veterans Pension and/or Assistance from Veterans Aid	\$	\$	\$
Union Payments	\$	\$	\$
Unemployment Compensation Date Started: Date Ended:	\$	\$	\$
Worker's Compensation Date Started: Date Ended:	\$	\$	\$
Gifts or Grants from other Assistance Programs or Charitable Organizations From Whom:	\$	\$	\$
Loans or Gifts from Family, Relatives or Friends From Whom:	\$	\$	\$
Self-employment Income including Business Ownership	\$	\$	\$
Total Value of Business Assets (Include an Itemized listing on separate sheet)	\$	\$	\$
Vocational Rehabilitation Stipends	\$	\$	\$
Food Stamps Date Applied:	\$	\$	\$
Other (includes Trust Accounts, Annuities, Student Loans, Housing Assistance and Public Assistance/grants)	\$	\$	\$

16. Date - Amount and Source of last check received: \_\_\_\_\_.

List how this month's income was spent: (include rent, house payment, utilities, food, transportation, child support, medical expenses, etc.)

\_\_\_\_\_  
\_\_\_\_\_.

**RESOURCES and POTENTIAL RESOURCES**

17. Do you currently own your home?  Yes  No Do you own any other property?  Yes  No

Current Value \_\_\_\_\_ Loan Company \_\_\_\_\_ Mortgage Amt \_\_\_\_\_

Have you ever owned a house, farmland, or other property?  Yes  No Where was it, What was it, and what happened to it?  
(Failure to disclose any property ever owned may be cause for denial or immediate termination of any/all General Assistance.)

18. Check either "yes" or "no" to the following. Give amounts and additional information if marked "yes".

Yes No

Checking account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Cash on Hand \$ \_\_\_\_\_

Safety Deposit Box \$ \_\_\_\_\_

Certificate of deposit \$ \_\_\_\_\_

Stocks or Bonds or Trust Accounts \$ \_\_\_\_\_

Farm Crops \$ \_\_\_\_\_

Livestock \$ \_\_\_\_\_

Farm Machinery \$ \_\_\_\_\_

Car, Truck, Motorcycle, Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_

Second Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_

Mobile Home / RV Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_

Burial Space(s), Burial Trust, Pre-Arrangement: Number of Plots Owned: \_\_\_\_\_ Value \$ \_\_\_\_\_

Where Located: \_\_\_\_\_

Life Insurance Name of Company \_\_\_\_\_ Policy Owner \_\_\_\_\_

Policy # \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Loan Value \$ \_\_\_\_\_

Health Insurance (including VA), Name of Company \_\_\_\_\_

Policy # \_\_\_\_\_ Is this Insurance through an employer?

List **All** Personal Assets not listed above: \_\_\_\_\_

19. Have you applied for?

Yes No

SSI or SSD (Social Security Supplement Income - Disability) When \_\_\_\_\_ Status \_\_\_\_\_

Medicaid / DHHS When \_\_\_\_\_ Status \_\_\_\_\_ Caseworker

Workman's Compensation? When \_\_\_\_\_ Status \_\_\_\_\_

Assistance from Blue Valley Community Action? When \_\_\_\_\_ Status \_\_\_\_\_

Sought Assistance from responsible relatives and/or church and civic organizations? When \_\_\_\_\_ status \_\_\_\_\_

Any claim with an Insurance Company or potential Third Party Payee? When \_\_\_\_\_ Status \_\_\_\_\_

Are you represented by an Attorney or Law Firm for any of these claims? Who? \_\_\_\_\_

20. Did you file **Federal Tax Returns** last year?  Yes  No **State Returns**  Yes  No Did you receive a **refund**?  Yes  No

Amount of Refund \_\_\_\_\_ When was the refund received? \_\_\_\_\_

21. Please provide any other information you feel is pertinent to your determination of eligibility for General Assistance:

\_\_\_\_\_

---

---

**SIGNATURES**

I declare that I have read this application and to the best of my knowledge, it is true, correct, and complete.

I understand my responsibilities and agree to fulfill them. I agree to provide information and give consent for this agency to make whatever contacts are necessary within the terms of the release of confidential information as cited above in order to determine my eligibility.

I have received an information sheet about my rights and responsibilities. I have had the assistance programs and program requirements explained to me. When signed, the submission of this application indicates my intent to receive assistance based on these requirements.

*NOTE: If someone helped you fill out this form, be sure that the person signs below.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person who helped

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of person who helped

\_\_\_\_\_  
Signature of Eligibility Worker

\_\_\_\_\_  
Date

**RIGHT OF SUBROGATION**

I understand that receiving general assistance or health services pursuant to this application gives York County an automatic right of subrogation against any claim or right which I may have against a third party relating to this assistance. I agree that any funds or payments, which I receive under such a claim or right, up to the amount of assistance I received from the County, will be immediately, reimbursed to the York County General Assistance Fund. I agree to sign any necessary documents needed to accomplish the reimbursement.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

# Release of Information

I understand that the provision of certain confidential information as indicated within the provisions of the York County General Assistance Policy is needed to make a determination of my eligibility for General Assistance. This information may be in the form of written statements of verification as well as agency contact. This may include, but is not limited to, information from an employer, attorney, health care provider, relative, Social Security, etc. In my case, however, I specifically do not authorize contacting

---

I otherwise authorize the release of that confidential information to the General Assistance Worker and agree to provide necessary written statements of verification which are needed to determine my eligibility for General Assistance as indicated within the provisions of York County General Assistance Policy Guidelines.

---

Signature of applicant

---

Date

---

Signature of Witness

---

Date

# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

**PRINT NAME** \_\_\_\_\_  
(first, middle, last)

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_