

Appointment Date: _____

Appointment Time: _____

Richland Township Trustee Office

Assistance Application

Please Note:

This application must be taken home and filled out completely.

DO NOT sign anywhere on the application before the interview.

The application **MUST** be signed in front of the Township Assistance Coordinator.

Once the application is completed and you have all the required documents, please call our office at 812-876-2509 to schedule an appointment. Please bring the application and all the required documents with you to the interview.

All required documents must be provided before an application is accepted.

ALL ADULTS (anyone 18 years or older) in the household must be present at the interview or we will not accept the application.

Our office is located at 416 South Park Street Ellettsville, IN 47429

Office Hours: Monday-Friday from 8:00am - 3:00pm.

052820

RICHLAND TOWNSHIP TRUSTEE

416 SOUTH PARK STREET
ELLETTSVILLE, INDIANA 47429
TX: (812) 876-2509 FX: (812) 876-7843
EMAIL: rttinv@bluemarble.net

DOCUMENT VERIFICATION CHECK LIST

THE FOLLOWING DOCUMENTS MUST BE PROVIDED
IF THEY APPLY TO YOU
BEFORE THE APPLICATION FOR TOWNSHIP ASSISTANCE WILL BE ACCEPTED
IF YOU HAVE ANY QUESTIONS
PLEASE CALL THE TOWNSHIP ASSISTANCE CO-ORDINATOR AT (812) 876-2509.

	Drivers License / State Identification		Leases
	Birth Certificates For All Household Members		Utility Bills Energy Assistance Award Letter
	Social Security Cards For all Household Members		Medical Bills
	Pay Check Stubs For All Persons Living In The Household		Shelter Verification Affidavit
	Social Security Benefits / Claims Pending		Employment Wage Verification Form
	Veterans Benefits		Employment Search Verification Form
	TANF Benefits / AFDC		Verification Of FSSA Benefits
	Workman's Compensation		Verification Of Subsidized Housing
	Child Support		Court Fines / Costs Being Paid
	Unemployment Benefits		Registration / Title To Any Motor Vehicle In Your Name
	Lump Sums Income Received In The Last 90 Days ie. Tax Refunds / Student Aid, etc.		Deeds To Any Real Estate Owned
	Bank Statements		Receipts For any Purchase Over \$100.00
	Money Received From Any Other Source ie. Pension / Insurance		Doctor's Statement If Not Able to Work
			Any Other Information You Think Is Relevant

Application for Township Assistance

NOTE: Social Security numbers are optional

PHONE NUMBER () -	APPLICATION DATE / /	APPLICATION TIME : <input type="checkbox"/> AM : <input type="checkbox"/> PM	CASE NUMBER
AREA ###-####	MM DD YY	HH MM (total:)	office use only

Applicant's Full Name

Social Security #

Date of Birth

<input type="checkbox"/> male <input type="checkbox"/> female			- -	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name

Social Security #

Date of Birth

<input type="checkbox"/> male <input type="checkbox"/> female			- -	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name

Social Security #

Date of Birth

<input type="checkbox"/> male <input type="checkbox"/> female			- -	/ /
LAST	FIRST	MI	optional	MM DD YY

Current Address

				____ Months ____ Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

Previous Address

				____ Months ____ Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicap status. Anyone needing special aid, readers or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check ☒ the relationship to the applicant and circle ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

NOTE: Social Security numbers are optional

Person's Name	Relationship		Income Source	Amount (monthly)
Print	<input type="checkbox"/> Yourself	/ / Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature		- - Social Sec. # (optional)		
Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative	/ / Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature	<input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	- - Social Sec. # (optional)		
Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative	/ / Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature	<input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	- - Social Sec. # (optional)		
Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative	/ / Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature	<input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	- - Social Sec. # (optional)		
Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative	/ / Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature	<input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	- - Social Sec. # (optional)		
Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative	/ / Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature	<input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	- - Social Sec. # (optional)		
Print	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative	/ / Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Signature	<input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	- - Social Sec. # (optional)		

Total adults in the household: _____ Total children in the household: _____
 Total of ALL persons living in the household: _____
 Total GROSS income received in the household the last 30 days: \$ _____

Does anyone live in this household temporarily or occasionally? YES NO

If YES, who and how often: _____

List all motorized vehicles owned by ANY person in this household:

Type: _____ (Car / Truck / Boat / Motorcycle) Year: _____ Make: _____

Type: _____ (Car / Truck / Boat / Motorcycle) Year: _____ Make: _____

Type: _____ (Car / Truck / Boat / Motorcycle) Year: _____ Make: _____

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
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Name: _____ Name: _____

What is your income status? ☐ Wages Stopped ☐ Wages Stopped ☐ Wages Stopped
☐ Waiting on Income ☐ Waiting on Income ☐ Waiting on Income
☐ Receiving Income ☐ Receiving Income ☐ Receiving Income
☐ No Income ☐ No Income ☐ No Income

What is your employment status? ☐ Currently working ☐ Currently working ☐ Currently working
☐ Laid off on: _____ ☐ Laid off on: _____ ☐ Laid off on: _____
☐ Never worked ☐ Never worked ☐ Never worked
☐ Quit: * ☐ Quit: * ☐ Quit: *
☐ Fired: * ☐ Fired: * ☐ Fired: *
☐ Sick leave ☐ Sick leave ☐ Sick leave
☐ Maternity leave ☐ Maternity leave ☐ Maternity leave
☐ On strike ☐ On strike ☐ On strike
☐ Trying to find work ☐ Trying to find work ☐ Trying to find work

* answers require
 explanation below

OTHER FINANCIAL INFORMATION

	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand?	Yes	No	Yes	No	Yes	No
IF YES, give amount	\$ _____		\$ _____		\$ _____	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account?	Yes	No	Yes	No	Yes	No
IF YES, give name of each bank & current balance	_____		_____		_____	

Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer or government agency from which you (they) expect to receive a recovery (money)? YES NO

If yes, explain: _____

PROPERTY OWNERSHIP

	Applicant	Other Adult	Other Adult
	Yes No	Yes No	Yes No
Do you own any property?			
IF YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY

Number of adults on the lease: _____ Co-lessee's name (if any): _____

Name of apartment complex or landlord: _____

Address of complex or landlord: _____

Phone number of complex or landlord: _____

What date did you move into this rental unit: _____ Monthly rent amount: _____

Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____

Are any utilities included? YES NO If yes, which ones? _____

EMPLOYMENT HISTORY

	Applicant	Other Adult	Other Adult
		Name _____	Name _____
Your most recent employer: _____			
Date you started work there: _____			
Date you last worked there: _____			
Reason not working now: _____			
2nd most recent employer: _____			
Date you started work there: _____			
Date you last worked there: _____			
Reason not working now: _____			

MILITARY SERVICE

	Applicant	Other Adult	Other Adult
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP

Is everyone in the household a U.S. citizen? YES NO

If no, please explain status by which you are in the U.S.: _____

Applicant's Maiden Name (if married): _____

Name	Address	Phone	How have they helped? Are they willing to help?
------	---------	-------	--

Name	Address	Phone	How have they helped? Are they willing to help?
------	---------	-------	--

If there are minor children in the home, is child support ordered for them by a court? YES NO

If not will you go to court to get support? YES NO

If NO, explain: _____

Are you receiving child support? YES NO if YES, how much? _____

Name & address of child(ren)'s other parent if not in household: _____

Have you or someone in the household been helped from any other source such as churches, multi-service centers or friends whom you have not already listed on this form? YES NO

If YES, who, how much & when? _____

[illegible]

EXPENSE INFORMATION

List below any payments made by any household member to any source in the last thirty (30) days:

Amount	Paid To	Date Paid

Amount	Paid To	Date Paid

What do you owe today on your rent or mortgage? \$ _____

What do you owe today on your utilities? _____

Electricity \$ _____ Gas/Heating \$ _____ Water \$ _____ Cable \$ _____

Telephone \$ _____ Sewer \$ _____ Trash Removal \$ _____ Other \$ _____

Are any of these bills in someone else's name? YES NO

If YES, which ones and whose name? _____

What is your reason for asking for Trustee help?

- ☐ No Income
☐ Not Enough Income
☐ Income Stolen
☐ Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application:

YES NO

If YES, explain: _____

Specifically, what are you asking for help with today?

OTHER PUBLIC ASSISTANCE

Are you receiving or have you applied for the following:

APPLICANT

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? _____

READ CAREFULLY* NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days of heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-16-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted.

Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW._____
Signature of Applicant_____
Signature of Other Adult_____
Signature of Other Adult**Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?**

Applicant: YES NO

Other Adult: YES NO

Other Adult: YES NO

If no, explain why not: _____

Affidavit

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and member of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Signature of Applicant_____
Signature of Other Adult_____
Signature of Other Adult**Note: All household members eighteen and older must sign where indicated for application to be complete.**

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____, Indiana, consent to the disclosure of the following information to _____, the investigator of township assistance for _____ Township _____ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) My township assistance application from _____ Township _____ County, IN.
- (2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) Others (if any).

Signature of Applicant

Signature of Other Adult

Signature of Other Adult

Date Signed

Date Signed

Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

Trustee or Employee

Date Signed

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given _____ Amount _____ Completed _____

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'd. Benefit	Utility \$ Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION

RICHLAND TOWNSHIP TRUSTEE

416 South Park Street, Ellettsville, Indiana, 47429

Phone (812) 876-2509 Fax (812) 876-7843

email: rtinv@bluemarble.net

SHELTER VERIFICATION AFFIDAVIT

APPLICANT _____ TELEPHONE _____

ADDRESS _____

INVESTIGATOR _____

THE ABOVE NAMED APPLICANT HAS APPLIED FOR TOWNSHIP ASSISTANCE. THEY HAVE NAMED YOU AS THEIR LANDLORD. PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT THE TOWNSHIP TRUSTEE MAY DETERMINE THEIR ELIGIBILITY FOR TOWNSHIP ASSISTANCE.

PROPERTY OWNER / PROPERTY MANAGER INFORMATION

NAME _____

CORPORATION / BUSINESS NAME _____

IF YOU ARE A PROPERTY MANAGER PLEASE PROVIDE A NOTARIZED COPY OF YOUR LEGAL AUTHORITY

TAXPAYER IDENTIFICATION NUMBER (TIN) _____ OR SOCIAL SECURITY NUMBER _____

ADDRESS _____

TELEPHONE () _____ FAX () _____

Are you related to any member of this household ? _____ If Yes, what is the relationship _____ Is tenant on Section 8 _____

Are you willing to accept a General Purchase Order (Voucher) from Richland Township as "shelter payment" for this household. By accepting the "Voucher": You are agreeing to provide shelter to the tenant for a minimum of thirty (30) days. You are agreeing to a shelter inspection under IC 12-20-16-17.

YES _____ NO _____

Date tenant/household moved into the unit _____

Normal Monthly Rent Amount _____ Does this amount include any pet or other fees _____

Unit Bedrooms: Efficiency _____ One Bedroom _____ Two Bedroom _____ Three Bedroom _____ Four/More Bedrooms _____

TOWNSHIP VOUCHERS CANNOT BE USED TO PAY DEPOSIT, ANIMAL , OR LATE FEES

Does the tenant/household owe past due rent _____ YES _____ NO _____ Amount PAST DUE _____

According to our system "rent due" is calculated as due on the first of the month.

Date of LAST RENT PAYMENT _____ How many persons live in this unit _____

List Names of all adult members living in the unit _____

If you have any information that you feel may assist the Trustee in this Application please contact the Investigator listed above at (812) 876-2509.

Property Owner Signature _____ Date _____

PLEASE RETURN FORM BY EMAIL OR FAX ABOVE

RICHLAND TOWNSHIP TRUSTEE

416 SOUTH PARK STREET
ELLETTSVILLE, INDIANA 47429-0597
TX: 812-876-2509 FX: 812-876-7843

EMPLOYMENT / WAGE VERIFICATION

Employer: _____ Date: _____

Client Name: _____ SSN: xxx-xx-_____

The person named above is applying for or receiving assistance from our office.

**We are requesting verification of employment status and earnings pursuant to Indiana State Law:
Indiana Code Section 12-20-7-3 Salary And Wage Information**

Sec. 3. Upon request of the township trustee, the employer of a township assistance applicant or a member of the applicant's household shall provide the township trustee with information concerning salary or wages earned by the applicant or household member for purposes of determining the financial eligibility of the household to receive township assistance.

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.34; P.L.73-2005, SEC.40.

Please complete the information requested below and fax immediately by _____

Date employment began: _____ Hourly Wage: _____

Hours Worked Per Week: _____ Pay Frequency: _____

Day Of Week Paid: _____ Termination Date: _____

If No Longer Employed: Quit _____ Laid Off: _____ Dismissed _____

Reason For Employment Separation _____

Final pay/pension/cash out due to employee: _____

Please verify earnings from _____ to _____:

Date paid: _____ Number of hours worked: _____ Gross Pay: _____

Date paid: _____ Number of hours worked: _____ Gross Pay: _____

Date paid: _____ Number of hours worked: _____ Gross Pay: _____

Date paid: _____ Number of hours worked: _____ Gross Pay: _____

Signature of Employer _____ Date _____

According to Indiana Code 12-20-6-7 the Trustee must make a decision within three (3) working days. If you have any questions please contact our office at the telephone number above. Please fax this form to (812) 876-7843.

RICHLAND TOWNSHIP TRUSTEE

416 South Part Street
Ellettsville, Indiana, 47429
Phone (812) 876-2509 Fax (812) 876-7843

EMPLOYMENT SEARCH VERIFICATION

Able-Bodied Assistance Applicants to Seek Employment

Indiana Code 12-2G-10-1.1: If a Township Assistance applicant is in good health or if any member of the applicant's household is in good health, the Township Trustee, as administrator of Township Assistance, shall require the individuals who are able to work to seek employment. The Township Trustee shall refuse to furnish any Township Assistance until the Trustee is satisfied that the Township Assistance applicant's household are endeavoring to find work.

I _____ understand that my eligibility for Township Assistance depends on this verification of my search for employment.

1.) _____	_____
	employer name and address
_____	_____
Date of Application	Position Applied For
_____	_____
Was Applicant Hired	SIGNATURE OF EMPLOYER REPRESENTATIVE
2.) _____	_____
	employer name and address
_____	_____
Date of Application	Position Applied For
_____	_____
Was Applicant Hired	SIGNATURE OF EMPLOYER REPRESENTATIVE
3.) _____	_____
	employer name and address
_____	_____
Date of Application	Position Applied For
_____	_____
Was Applicant Hired	SIGNATURE OF EMPLOYER REPRESENTATIVE
4.) _____	_____
	employer name and address
_____	_____
Date of Application	Position Applied For
_____	_____
Was Applicant Hired	SIGNATURE OF EMPLOYER REPRESENTATIVE
5.) _____	_____
	employer name and address
_____	_____
Date of Application	Position Applied For
_____	_____
Was Applicant Hired	SIGNATURE OF EMPLOYER REPRESENTATIVE

6.) _____
employer name and address

Date of Application Position Applied For

Was Applicant Hired SIGNATURE OF EMPLOYER REPRESENTATIVE

7.) _____
employer name and address

Date of Application Position Applied For

Was Applicant Hired SIGNATURE OF EMPLOYER REPRESENTATIVE

8.) _____
employer name and address

Date of Application Position Applied For

Was Applicant Hired SIGNATURE OF EMPLOYER REPRESENTATIVE

9.) _____
employer name and address

Date of Application Position Applied For

Was Applicant Hired SIGNATURE OF EMPLOYER REPRESENTATIVE

NOTES:

NOTES: