

**Mills County**  
**Application for General Relief**

Date: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
                    (First)                      (Middle)                      (Last)                      (Maiden)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ SS# \_\_\_\_\_ Birth date: \_\_\_\_\_

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

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

List all addresses for past two year:

\_\_\_\_\_  
\_\_\_\_\_

How long have you resided in Mills County: \_\_\_\_\_

List all people living in the house: (Name, relationship, SS#, birth date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a legal guardian or conservator: \_\_\_yes \_\_\_no

Are you or any member of you household attending post secondary education courses? \_\_\_yes \_\_\_no

Highest level of education completed: \_\_\_\_\_

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For what type of assistance are you applying for? Give circumstances as to why you need emergency assistance (ex. Unexpected medical bills)

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What other assistance do you receive:

Source	Date applied	accepted/denied	Amount Received
General Relief	_____	_____	_____
Food Stamps	_____	_____	_____
LIHEA (heating assistance)	_____	_____	_____
FIP	_____	_____	_____
Local food bank	_____	_____	_____
SHARE IOWA	_____	_____	_____
SIRHA	_____	_____	_____

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Sources of Income (Amount, How often and Who received it):

Employer: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Wages: \_\_\_\_\_

Unemployment: \_\_\_\_\_

SSDI: \_\_\_\_\_

SSI: \_\_\_\_\_

Retirement: \_\_\_\_\_

Rental Income: \_\_\_\_\_

Settlement: \_\_\_\_\_

Gambling/Lottery: \_\_\_\_\_

Child Support: \_\_\_\_\_

Workers Comp: \_\_\_\_\_

Dividend/Interest: \_\_\_\_\_

OTHER: \_\_\_\_\_

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Do you or your spouse own or are you buying land/property: \_\_\_yes \_\_\_no  
Address: \_\_\_\_\_

Do you or your spouse own or are you buying an automobile: \_\_\_yes \_\_\_no  
Year: \_\_\_\_\_ Make: \_\_\_\_\_

Do you or anyone living in the house have life insurance: \_\_\_yes \_\_\_no  
Name of insured person, carrier, value: \_\_\_\_\_  
\_\_\_\_\_

Do you or anyone living in the house have health insurance: \_\_\_yes \_\_\_no

Do you or anyone living in the house have medicare/medicaid: \_\_\_yes \_\_\_no

Were you or your spouse in the military: \_\_\_yes \_\_\_no  
Date enlisted: \_\_\_\_\_ Date discharged: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_ Branch: \_\_\_\_\_

Monthly Bills:

Rent/House payment \_\_\_\_\_  
Electric \_\_\_\_\_ Gas/Propane \_\_\_\_\_  
Water/Sewer \_\_\_\_\_ Garbage \_\_\_\_\_  
Phone \_\_\_\_\_ Medical \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Consent Release of Information**

I, the undersigned, hereby authorize any and all parties to release confidential information concerning my personal and/or financial situation to the Mills County General Relief Office for the purpose of establishing eligibility for general assistance according to the Code of Iowa, Chapter 252. I hereby release any and all parties from any liability for releasing information whether such information is deemed confidential or not. A photocopy of this form shall have the same force and effect as the original.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Printed: \_\_\_\_\_

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**Notice of Decision**

I, the undersigned do certify that all the facts given by me in this application are correct and true to the best of my knowledge. I do hereby authorize: a) any bank or savings institution, insurance company, other financial institution, employer to make available to representatives of the Mills County General Relief Director any information which they desire to document or verify the information I have given in this application. I agree to assist in helping the General Relief Office document or verify the information given.

I also agree to make every effort to secure employment which will enable me to support myself and my family.

If dissatisfied with this decision you may appeal to the Mills County Board of Supervisors. If you wish to appeal you may do so by contacting Mills County Auditor's Office and requesting to be placed on the next Board of Supervisors agenda. You may be represented by legal counsel at your own expense or you may be eligible for legal assistance through Legal Services Corporation of Iowa at 532 1<sup>st</sup> Ave, Suite 300, Council Bluffs, Ia 51503. Their phone number is (712) 328-3982 or (800) 432-9229.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

Medicine: \_\_\_\_\_ Doctor: \_\_\_\_\_

Funeral: \_\_\_\_\_ Transportation: \_\_\_\_\_

Other: \_\_\_\_\_

General Relief Director: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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LANDLORD AGREEMENT

I understand that Mills 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 Mills County General Relief.

Landlord (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's phone #: \_\_\_\_\_