

**Buena Vista County  
General Relief Assistance Application**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

How many years? \_\_\_\_\_ Do you rent or own? \_\_\_\_\_

Previous address if less than one year:

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**ALL GENERAL RELIEF MUST BE REPAID TO BUENA VISTA COUNTY BY ACTUAL REIMBURSEMENT TO BUENA VISTA COUNTY GENERAL ASSISTANCE**

Are you a citizen of the United States: Yes  No

Are you or your spouse a Veteran: Yes  No

**YOU MUST HAVE A CURRENT AND VALID IOWA ID TO BE ELIGIBLE FOR ASSISTANCE.**

List **EVERY** person (including yourself) who lives in the same house as you. List monthly income for EVERY person in the home, including FIP, Child Support, Workman's Comp, Unemployment payments, etc. **ALL INCOME.**

<u>Name</u>	<u>Birth Date</u>	<u>Social Security #</u>	<u>Income</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you or anyone who lives with you have any of the following?

Cash on hand: \_\_\_\_\_ Property: \_\_\_\_\_

Checking Account: \_\_\_\_\_

Motor Vehicles: \_\_\_\_\_

List the amount spent monthly for the following:

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

Electric: \_\_\_\_\_ Gas: \_\_\_\_\_

Water/Sewer: \_\_\_\_\_ Propane: \_\_\_\_\_

Other Expenses per month:

\_\_\_\_\_

Do you have health insurance? Yes  No

What type and amount of assistance are you requesting at this time?

---

IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING:

**CERTIFICATION STATEMENT**

I assume full responsibility for the accuracy of the statements on this application process. I understand that these statements will be used to determine my eligibility for General Relief and may be investigated and verified through the Department of Human Services.

I understand that I am eligible for assistance only once per fiscal year, July to June.

I understand that I must notify the General Relief Director of any changes in my financial situation.

I understand that if any of the information given on this application or given during the application process is false, I may be prosecuted and suspended from future General Relief.

---

Signature

Date of Application

---

You will need to bring the following information:

- ✓ Complete this application in full.
- ✓ Income verification (pay stubs, bank statement, note from employer, assistance you are receiving from Department of Human Services, Social Security, etc.)
- ✓ The complete statement which you are requesting assistance with (utility, water, propane, etc.). Assistance for current month's utilities only.
- ✓ If needing assistance with rent, you must have the landlord/manager complete the landlord/manager statement in full. Rent must be 30 day past due for any assistance.
- ✓ If you need assistance with medication, you will need a list from the pharmacist of the medications and their cost.

605 Cayuga St  
PO Box 1332  
Storm Lake IA 50588  
(P) 712.749.2556  
(F) 712.749.2707