

**Clayton County General Relief
600 Gunder Road NE, Ste 6
Elkader, Iowa 52043
PH: (563) 245-1865**

Please refer to this cover letter for any questions you may have. But feel free to contact us with any additional questions.

ALL applications for general relief must include the following to be considered for processing:

- A valid State of Iowa issued Driver License or State of Iowa Phot ID, with current Clayton County address.
- Photo ID/ Social Security Card for all Household Members
- Copy of DD214 – if you're a veteran
- Proof of income for the past thirty (30) days of every person age 18 and older residing in the home.
 - Income includes, but is not limited to the following:
 - wages from employment
 - Family investment Program (FIP/TANF) payments
 - Unemployment payments
 - child support payments
 - social security payments
- If applying for utility assistance, include copy of most current billing statement.
- Include copies of any shut-off or eviction notices showing the amount(s) due

You must report accurate income information.

Please do not leave any blanks. If it does not apply, write N/A. Incomplete applications with missing items are considered incomplete and may be returned prior to processing. As a reminder, Clayton County is a payer of last resort, and you will be asked if you have exhausted other options for aid and assistance.

Return your completed application and required materials to:

Clayton County General Relief
600 Gunder Road NE, Suite 6
Elkader, IA 52043

Thank you,

Clayton County General Relief Administrator

Procedure of Appeal

Every applicant, whether granted assistance or not, shall be informed in the in the General Relief Administrator's written decision of their right to appeal such decision.

It shall be the duty of each person requesting an appeal to contact the Clayton County General Relief off within ten (10) calendar days of the final determination. The appeal hearing will be put on the agenda for the next regularly scheduled meeting of the Clayton County Veterans Affairs Commission (veteran applicants) or the Board of Supervisors (for non-veterans). The applicant shall be informed of the date and time of the hearing.

Appeal Hearing

An applicant may present their case before the Clayton County Veterans Affairs Commission (veteran applicant initial appeal) or the Board of Supervisors (appeal for non-veterans or a veteran applicant appealing the Commission's decisions). The rules of the hearing shall be those applicable to an appeal under a section below.

Veteran Applicants

The Clayton County Veterans Affairs Commission (veteran applicant initial appeal) shall make a decision on the appeal at the next meeting in closed session, if necessary, in accordance with the Iowa Open Meeting law. The veteran applicant may be informed of the decision by telephone and/or thereafter by mail in written form to the veteran applicant's last known address. The decision shall state the reasons for the action together with any statute, ordinance or policy applied. The Clayton County Veterans Affairs Commissioner's decision shall also state that an appeal may be taken from their decision and provided below.

Non-Veteran/General Public Applicants & Veteran Applicants Appealing Commissioners Decision

General public (non-veteran) applicants may elect to appeal a decision on their application and veteran applicants may appeal a decision that has been made by the Clayton County Veterans Affairs Commissioners to the Clayton County Board of Supervisors (the "Supervisors"). All applicants share submit their written appeal request to the Clayton General Relief Administrator. The appeal request, received by the Clayton General Relief Administrator, shall be place on the next available Supervisor's agenda in accordance with Chapter 28A Code of Iowa for the next regular Board of Supervisors meeting, providing that such appeal shall be heard soon than five (5) day after the appeal is received.

**Clayton County Application for
General Relief /Emergency Assistance
600 Gunder Road NE, Ste 6
Elkader, Iowa 52043
PH: (563) 245-1865**

THIRD PARTY VERIFICATION FORM

We need verification of applicant's address and financial statement from a friend, relative or any agency other than the landlord.

Name of person applying for assistance: _____

I verify that the applicant lives at:

Street Address	City	State/Zip
----------------	------	-----------

I have known this person for _____ years _____ months _____ days/weeks _____ all their life

Person's previous address (if less than one year at current address:

Street Address	City	State/Zip
----------------	------	-----------

To my knowledge, the person seeking assistance:

_____ has no income

_____ has income (please specify source of income): _____

Indicate how the person/applicant has been supported during the past thirty (30) days

_____ Applicant is working part-time

_____ Applicant receiving assistance

_____ Applicant is working full-time

Source of Assistance _____

_____ Relatives have helped

_____ Applicant is student

_____ Other, specify _____

Please PRINT your name: _____

Please SIGN your name: _____

Your Address: _____

Street Address	City	State/Zip
----------------	------	-----------

I am a: ___ Friend ___ Relative , specify ___ Mother ___ Father ___ Brother ___ Sister ___ Other

I am from an agency/organization: ___ No ___ Yes, name of agency/organization _____

**Clayton County Application for
General Relief /Emergency Assistance
600 Gunder Road NE, Ste 6
Elkader, Iowa 52043
PH: (563) 245-1865**

**LANDLORD OR AGENT MUST COMPLETE THE FOLLOWING QUESTIONS & RETURN
THIS FORM TO CLAYTON COUNTY GENERAL RELIEF**

Name of Applicant: _____

Name of Person completing this form: _____

Title of Person completing this form: _____

Address & Phone Number of Person completing this form: Phone Number: _____

Street Address City State/Zip

Name, address and phone number of the owner of the property, if different (this information will be verified)

Owner's Name: _____ Phone Number: _____

Street Address City State/Zip

Federal ID or Social Security Number of the property owner: _____

What, if any, is the Owner's family relationship to the renter/buyer? _____

How much is the month rent/house payment? _____

What utilities, if any, are included in the rent or house payment?

Electricity Natural Gas Heat Water Sewer/Solid Waste Other specify) _____

How much is owed and for what time period?

\$ _____ from (insert date) _____ to (insert date) _____

Does this amount include late fees? If so, how much of the total is late fees? _____

Will landlord/owner accept a Clayton County Voucher and agree not to evict for a thirty (30) day time period?

Yes No

Address of the property being rented/purchased:

Street Address City State/Zip

What arrangements have been made for the difference between the total amount due and the amount of the Clayton County voucher _____

How long has the applicant/tenant lived at the above address?

Landlord/Agent Signature

Date

CLAYTON COUNTY APPLICATION FOR GENERAL RELIEF AND EMERGENCY ASSISTANCE

Section I

Today's Date: _____

1. Applicant Name: _____ 7. Birthdate: _____

2. Address: _____ 8. Age: _____

3. Phone Number: _____ 9. Social Security #: _____

4. Email Address: _____

5. How long have you lived at this address? _____

6. If less than one (1) year, provide previous address (please include county and state) : _____

Section II

10. Marital Status (please check appropriate box) :

_____ Married (<i>living with spouse</i>)	_____ Widowed
_____ Single	_____ Separated
_____ Divorced (<i>not remarried</i>)	_____ Other

11. If separated or divorced, provide the name and address of your spouse.

11. Have you or your spouse served in the military (*if no - skip Section III*) ? _____

	Applicant	Spouse
11a. Branch of Service	_____	_____
11b. Service Number:	_____	_____
11c. Entry Date (mm/dd/yy)	_____	_____
11d. Entry Location	_____	_____
11e. Discharge Date (mm/dd/yy)	_____	_____
11f. Discharge Location	_____	_____
11g. Type/Character of Service (Discharge) :	_____	

12. Period Served / Conflict

WWI _____	WWII _____	Korean Conflict _____
Vietnam _____	Gulf War _____	Other: _____
Peacetime _____		

13. Do you or spouse have a Service-Connected Disability? _____ Yes _____ No

14. Did you or spouse retire from the military? _____ Yes _____ No

15. Are you receiving military compensation? _____ Yes _____ No

16. Are you or spouse enrolled in VA Healthcare? _____ Yes _____ No

17. Remarks: _____

Section III

18. List all persons in the household. Start with the head of household.

Full Name	Age/Date of Birth	Relationship to Applicant	SSN	Employment Status

19. Do you claim any member of your household as a dependent on your Federal Income Tax Return? Yes No

20. Does any member of your household claim you as a dependent on their Federal Income Tax Return? Yes No

21. List Names, address and phone number of your and your spouse's parent(s) or, if they are deceased, the closest relative living to you.

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Section IV

22. Are you a student? Yes No If yes, are you part time or fulltime? _____

23. Are you currently employed? Yes No Job Title: _____

24. Name of Employer: _____ Rate of Pay: _____ Hours/Week _____

Employer Address & Number: _____

25a. If unemployed, did you quit or voluntarily resigned from your employment within the past 90 days? _____

25b. If yes, please provided reason for quitting or resigning from employment: _____

26. If unemployed, have you and each household member 18 years of age and older registered with Iowa Work Force Development and are actively seeking work? Yes No

27. If you're unable to work due to medical reasons, a statement from your doctor may be requested.

Name and Address of doctor for certification: _____

28. Do you receive any of the following? Yes No If yes, list the monthly amount?

child support _____ pension _____ investment income _____

spousal support _____ stipend _____ annuity payments _____

29. List any income that other members of your household have received for past the past 30 days.

Who: _____ Amount \$ _____ Source _____

Who: _____ Amount \$ _____ Source _____

Who: _____ Amount \$ _____ Source _____

Who: _____ Amount \$ _____ Source _____

30. What do you estimate your household income for the past 30 days? \$ _____

40. Do you or any members of your household have health and/or accident insurance, Medicare, or a Title XIX card? _____ If yes, list the person (s) covered and the type of coverage.

41. Do you or any members of your household have life insurance? _____ If yes, give name of person(s) who have coverage, the name of the insurance company and the cash or loan value of the policy:

Name Insurance Company Cash/Loan Value

42. Expenses

Rent or House payment? _____ Landlord or Mortgage Holder? _____
Payment Due Date: _____ Landlord or Mortgage Holder Contact Info: _____
Are Utilities included? _____ Landlord Name _____
Address _____
Is landlord related to you? _____ Phone Number _____
Email _____
Account No _____

Utilities Expenses (please include most recent invoice/billing statement)

_____ Water _____ Fuel _____ Garbage
_____ Electricity _____ Sewer _____ Heat

Other Regular Expenses (please list and provide current invoice or billing statement)

Insurance (specify type) _____
Medication /RX _____
Doctor Co-Pay _____
Groceries _____

43. Assets

Do you own real estate? _____ If yes, Amount owed? _____

Type of Property: _____ Assessed Value of Property: _____

List all motor vehicles owner or bring brought by any member of the household. Include recreational vehicles (i.e. campers, motorcycles, snowmobiles, boats, etc.)

Year	Make/Model	Amount Owed	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____

44. Complete the following for all members of the household

Cash on Hand	_____	Burial Contracts/Lots	_____
Savings/Checking Account(s)	_____	Trust Fund(s)	_____
Stocks/Bonds	_____	Safety Deposit Box	_____
Certificates of Deposit	_____	Other	_____
IRA/Roth IRA Account	_____		

(for all information provided in this section provide a copy of your most recent statement and/or contract)

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IF YOU HAVE NO QUESTIONS

AUTHORIZATION FOR RELEASE OF INFORMATION

As signatory of this application, I certify that the above and attached information is true and complete to the best of my knowledge. I hereby authorize the Clayton County General Relief Office to check sources for verification of the information provided herein. I further authorize any person or organization, to give and/or release confidential information about me or my household to the Clayton County General Relief Office for purpose of confirming my residency and determining my eligibility for general relief assistance in Clayton County. This release is effective for twelve (12) months from the date signed. I understand that this information will remain confidential and that I must report any changes to my situation, which may affect my eligibility for general assistance with Clayton County.

I understand the above statement.

Signature of Applicant

Date

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IF YOU HAVE NO QUESTIONS

Announced or unannounced visits may be made by General Relief personnel at any time at the direction of the Board of Supervisors of Clayton County.

A scheduled home visit may be made to a household at the discretion of the General Relief Director or Appointed Designee and/or when a family unit or individual has received General Relief Assistance for four (4) consecutive months.

A home visit may be made by the General Relief personnel when the Board of Supervisors of Clayton County and/or the General Relief Director / Appointed Designee receives a complaint or report which would question the household's eligibility for receiving General Relief Assistance and/or said household is abusing assistance which has been granted. Unless otherwise directed by the Board of Supervisors of Clayton County, the General Relief Director / Appointed Designee will determine the need for a home visit based on the severity and nature of the complaint or report.

I further understand in compliance with the General Relief Ordinance of Clayton County, that I and/or members of my household may be required to work for the county as a condition to receipt of such benefits as required in Section 252.27 and 252.42 of the Code of Iowa.

I have read and understand the above statements.

Signature of Applicant

Date

STATEMENT OF NON-DISCRIMINATION: All applicants for General Relief Assistance will be considered without regard to race, color, sex, gender identity (including gender expression), disability, age, marital status, family/parental status, religion, natural origin or political belief.