



SCREENING FORM

Gross Monthly Income Eligibility: Single: \$1,012 Married: \$1,372

Applicants are eligible for assistance not to exceed \$450 (maximum of \$350 for rent)

Applicant Information:

Legal Full Name:		Maiden Name	
Social Security Number: <i>Will be completed during in office visit!</i>		Birth Date:	
Address:		City:	Zip:
Email Address:		Phone Number	
Date moved to Linn County:		Any Military Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race/ Ethnicity: <input type="checkbox"/> Caucasian/ White <input type="checkbox"/> Asian <input type="checkbox"/> Vietnamese			
Ot Other <input type="checkbox"/> African American/ Black <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American			
Are there children (dependents) in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many?	
Are there other adults that live at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status (✓one): <input type="checkbox"/> Single/ Never Married <input type="checkbox"/> Married Divorced Separated Widowed			

Spouse Information (if single, skip to Type of Assistance):

Name:	Birth Date:	SS#: <i>During in office visit!</i>	Military Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Assistance Needed

Rent <input type="checkbox"/> Home Mortgage Interest <input type="checkbox"/> Utilities	Month of Assistance Needed
Have you gotten assistance from Linn County General Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant renting from a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant applying for Social Security Disability (SSI/ SSDI)? Yes No	

Employment Information

Has the applicant just started work? <input type="checkbox"/> Yes No	<i>If yes, request Employment Verification Form</i>
Is the applicant unable to work? <input type="checkbox"/> Yes No	Why? Request Incapacity Form
Has the applicant left a job within the last 60 days? If yes, why? Lay Off <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Terminated/ Fired	
Date	Reason:

Financial Information

Income in the past 30 days <input type="checkbox"/> Yes No \$	Income from Property Yes No \$
Family Investment Program (FIP) <input type="checkbox"/> Yes No \$	Pensions Yes No \$
Workman's Compensation <input type="checkbox"/> Yes No \$	Trust Fund Yes No \$
Food Stamps <input type="checkbox"/> Yes No \$	Rent Paid to Applicant Yes No \$
Child Support <input type="checkbox"/> Yes No \$	Lump Sum Payment Yes No \$
Social Security/ SSI <input type="checkbox"/> Yes No \$	School Grants/ Loans Yes No \$
Unemployment Wages <input type="checkbox"/> Yes No \$	Bonus/ Sick Pay/ Commission Yes No \$

Please check the following regarding the Family Investment Plan (FIP)

Not Receiving FIP	Will Receive FIP this Month	<input type="checkbox"/> Received FIP Last Month
Currently on a Limited Benefit Plan	Exceeded 60 Months of FIP Benefits	

Other Information

Is the applicant a student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant receiving income-based assistance with rent (Section 8, HUD, Student Housing):	<input type="checkbox"/> Yes <input type="checkbox"/> No

By typing their name below, the applicant verifies that information in this form is accurate (The General Assistance Office will verify information):

Applicant Name:	Date:
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