

## ADA COUNTY GENERAL ASSISTANCE INFORMATION

PLEASE READ BEFORE FILLING OUT AN APPLICATION

### GENERAL INFORMATION

- Residents of Ada County may apply for “*Temporary*” non-medical assistance from the county
- The county will consider such applications only when *no other alternative is available to the applicant*
- The county may offer assistance with payment for the following services:
  - \* Rent
  - \*Utilities
  - \*Cremation

### YOU MUST:

- Be an Ada County resident by legal definition
- Complete and file application on an approved form, appear for an interview and provide required documents

### LIMITATIONS - THE COUNTY:

- Will not provide more than one month’s assistance in any 12-month aggregate time period (assistance received by another Idaho county will count in this calculation) – cremation or burial assistance may be excluded from this limitation
- Will not pay first month’s rent
- Will not make payments to relatives or other household members
- Will not pay for reconnection fees, late fees or interest charges
- Will not pay sewage or garbage collection fees
- Will not pay for non-medical services for any applicant who is undocumented

### THINGS TO CONSIDER BEFORE APPLYING:

- The county will investigate your ability to earn income, as well as the income and ability of other adults in your household to earn income
- You will be required to reimburse the county for any funds expended on your behalf
- Ada County provides last resort assistance – applicants must apply for other available assistance before the county will provide non-medical assistance
- Non-disabled applicants and any non-disabled household members must be employed or demonstrate he/she is actively seeking employment – this requirement may be waived with a written statement from a physician verifying inability to work
- If you withhold or give false information on an application or during the interview for the purpose of obtaining county aid to which you are not otherwise entitled, you shall be guilty of a misdemeanor.
- If you divest yourself of assets or resources within three (3) months prior to applying for county assistance in order to become eligible, your application will be denied.
- Your landlord will be required to sign a Rent Verification Form and complete a W-9 Tax Form

### HOW DO I APPLY FOR NON-MEDICAL ASSISTANCE?

**STEP 1:** Complete and sign an Ada County Indigent Services Application. *Please use blue or black ink only.*

- **Interviews for rent and utilities assistance must be scheduled – call (208) 287-7960 to schedule an interview**
- Interviews for cremation assistance are conducted by appointment or walk-in
- Interviews take place at Ada County Indigent Services - 252 E. Front Street, Suite 199 - Boise, Idaho
- Applications cannot be taken over the phone

**STEP 2:** Bring your completed application with you to the interview.

- **State law requires you to appear for an interview to determine eligibility for assistance**
- An interview will not be conducted unless you bring the completed application with you at the time of the interview

**Interview Location:** Ada County Indigent Services - 252 E. Front Street, Suite 199 - Boise, Idaho

**Interview Times:** Rent and Utilities interviews are conducted Monday – Friday between 8:30 a.m. - 3:00 p.m.  
Cremation interviews are conducted Monday-Friday between 8:00 a.m. – 3:30 p.m.

Parking is available on the East side of the County Courthouse in a Public Parking lot with a cost of \$1.00 per hour, first hour is free parking. Please enter from Front Street.

**DOCUMENTATION NEEDED FOR NON-MEDICAL ASSISTANCE INTERVIEW**

Bring the following items to your interview:

1. Proof of identity, such as your driver's license or photo identification card.
2. Social Security card or immigration card.
3. Copies of current lease or rental agreements for the house, apartment or dwelling where you live. Applicant's name must be on lease or rental agreement.
4. Completed Rent Verification Form – must be signed by Landlord (Form provided by Ada County Indigent Services)
5. Proof of all household income from all sources for the last two (2) months up to the date of this application for you, your spouse and any other adult member of your household - including but not limited to:

Wage Stubs	Employer earning Statement	Settlements
Veteran Benefits	Social Security	Unemployment
Child Support	Alimony	Retirement / Pension

If unemployed (and not disabled), bring a completed Job Search Form (Ask a Deputy Clerk for this form) & proof you are registered with the Department of Labor

6. Last two (2) months of bank statements up to the date of your application with your full name and transaction history – including all checking, savings, escrow and credit union accounts for you, your spouse, and any other adult member of your household. Statements should include documentation of all deposits and/or transfer of funds from your accounts.
7. If self-employed, the year-to-date bookkeeping records including sales and expense records through the date of your application for assistance, & 1099's.
8. Proof of filed applications or documents from agency showing current benefit amount or eligibility up to the date of your application for assistance, including but not limited to:

Unemployment benefits	Worker's Compensation	Social Security
Medicare	Medicaid	Food Stamps
TAFI	AABD	Housing
Rental / Energy Assistance	Crime Victims Compensation	

9. Proof of monthly expenses you have paid in the last 30 days (including balances/arrears owed) for you, your spouse and any adult member of your household, including:

Current month's rent	Land / House Payment	Space Rent
Child Support	Childcare	Medical Expenses
Auto Insurance	Alimony	All Insurance
Utility Bill	Auto Payments	Other monthly expenses
(Your name or spouse's name must appear on bill)	Internet Payments	

Date Received by Indigent Services

## ADA COUNTY GENERAL ASSISTANCE APPLICATION

**APPLICANT'S NAME** (please print): \_\_\_\_\_

*If you are requesting medical and non-medical assistance, please advise the receptionist, as you will require a different application form.*

**IF YOU ARE SUBMITTING AN APPLICATION FOR CREMATION, PLEASE USE THE DECEASED PERSON'S INFORMATION ON THIS APPLICATION**

Do you need an Interpreter? Language: \_\_\_\_\_

**PLEASE COMPLETE FORM IN BLACK OR BLUE INK ONLY**

### TYPE OF ASSISTANCE REQUESTED

LANDLORD or UTILITY TO BE PAID	TYPE OF SERVICE	DATES OF SERVICE	AMOUNT REQUESTED
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			

**APPLICANT INFORMATION**

First Name		Middle Name		Last Name		Date of Birth	Social Security Number
Current Address (Street, City, State, Zip Code)				How long at this address?		Marital Status	Maiden Name/Aliases
Mailing Address (if different)							
Landlord Name:				Phone:			
Phone – Home	Work	Cell	Message	Currently Employed? Yes      No	Native American Tribe?		
If you are not currently employed, do you have a written Physician's statement that you are not employable?				____ Yes      ____ No			
Have you or your spouse served in the military?		APPLICANT ____ YES      ____ NO		SPOUSE: ____ YES      ____ NO			
Applicant		<u>Dates of Service</u>		<u>Discharge Date</u>		<u>Branch</u>	
Spouse							
What level of education have you completed?							
Have you ever applied for any assistance from any county in Idaho? ____ YES ____ NO				If so, when?		Approved? ____ YES ____ NO	
If yes, provide county name:							
U.S. Citizen ____ YES ____ NO		Alien ID #		Sponsor Name:			
Are you renting from a family member? ____ YES ____ NO		Name:		Relationship to you:			
If so, provide:							
Have you or any member of your household ever been sanctioned by or disqualified from an assistance program? ____ YES ____ NO      If so, please list:							
<u>Name of Program/Agency</u>		<u>Date of penalty</u>		<u>Reason for Penalty</u>			
List all agencies with whom you have applied for assistance for your current need							
<u>Name of Agency</u>		<u>Date you applied</u>		<u>Status of your application</u>			
List all property (real and personal) you have sold or given away in the last three months							
<u>Description</u>		<u>Date Disposed</u>		<u>Value of Property</u>		<u>Sold To</u>	<u>Given To</u>
If you or any member of your household have any pending legal actions that might result in a monetary award to you or them, such as a lawsuit, insurance claim, accident claim, victim's compensation claim, divorce, inheritance, etc., please provide details, including case or reference number, date filed & status:							

## RESIDENCE

List the addresses of where you have lived for the past three years:

Address	Dates of Residence	Landlord
1) Address	From:	Name:
City:                      State                      County:	To:	Phone:
2) Address	From:	Name:
City:                      State                      County:	To:	Phone:
3) Address	From:	Name:
City:                      State                      County:	To:	Phone:

## HOUSEHOLD MEMBERS

Provide the names and information regarding all people who live at your residence:

NAME	DOB	AGE	RELATIONSHIP TO YOU	SS#	EMPLOYED?		HOURLY WAGE	HOURS PER WEEK
					Y/N	FT/PT		
							\$	
							\$	
							\$	
							\$	
							\$	

### APPLICANT'S EMPLOYMENT HISTORY

Provide the following information beginning with your current or most recent job:

Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			

### SPOUSE'S EMPLOYMENT HISTORY

Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work performed		Reason spouse no longer works there			
Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason spouse no longer works there			

## FINANCIAL INFORMATION

Answer all questions that pertain to you and any member of your household. If your name appears on any document listed below, you must answer the question with a YES.

FINANCIAL ASSETS	YES	NO	ACCOUNT NAME/BANK TITLE & ADDRESS	AMOUNT/ VALUE	
Checking Account				\$	
Savings Account				\$	
Line of Credit				\$	
Credit Card				\$	
Certificates of Deposit				\$	
Life Insurance Policies				\$	
Stocks, Bonds, Trusts Mutual Funds, Annuities, IRA				\$	
Burial Plot(s)				\$	
Retirement Pension				\$	
Cash on Hand				\$	
Other				\$	
<b>REAL/PERSONAL PROPERTY</b>			<b>Description/Location of Property</b>	<b>Current Value</b>	<b>Amt.Owed</b>
Home					\$
Land					\$
Recreational –Boats, Snowmobiles, etc.					\$
Mobile Home					\$
Rental Property					\$
Vehicle					\$
Vehicle					\$
Vehicle					\$
Trailer/Camper					\$
Equipment/Machinery					\$
Livestock					\$
Other					\$

## INCOME

EARNINGS	SOURCE		MONTHLY AMOUNT	
Gross Wages			\$	
Self-Employment Income			\$	
Severance Pay			\$	
Other: _____			\$	
UNEARNED INCOME	APPLIED FOR		RECEIVING	
	YES	NO	YOU	HOUSEHOLD MEMBER
Social Security			\$	\$
SSI			\$	\$
Child Support/Alimony			\$	\$
Rental Income			\$	\$
Divorce property settlement			\$	\$
Unemployment Benefit			\$	\$
Worker's Compensation			\$	\$
Veteran's Benefits			\$	\$
Retirement/Pension			\$	\$
Tribal Assistance			\$	\$
Educational Loans/Grants			\$	\$
Interest/Dividends			\$	\$
Inheritance			\$	\$
Lawsuit Settlement			\$	\$
Church Assistance			\$	\$
Food Stamps			\$	\$
Subsidized Housing/Utility			\$	\$
Energy Assistance			\$	\$
Income Tax Refunds/EIC			\$	\$
Subsidized Child Care			\$	\$
Sale of personal belongings			\$	\$
Sale of property (real/personal)			\$	\$
Other: _____			\$	\$



## LIVING EXPENSES

HOUSING/UTILITIES	PAID TO:	MONTHLY AMOUNT	COUNTY ALLOWABLE (to be filled in by staff)
Rent/Mortgage			
Space/Lot Rent			
Homeowner's Insurance			
Property Taxes			
Electricity (12 mo. avg. or level pay)			
Gas (12 mo. avg. or level pay)			
Water			
Garbage			
Sewer/Trash			
Phone			
<b>EDUCATION/JOB RELATED</b>			
Child Care			
Car/Truck Payment			
Auto Insurance			
Fuel/Auto Maintenance			
Bus Pass			
<b>MEDICAL/HEALTH CARE</b>			
Doctors			
Hospital			
Prescriptions			
Dental/Vision			
Health Insurance Premiums			
Other _____			
<b>HOUSEHOLD</b>			
Groceries			
Non-food			
Court Ordered Costs			
Court Ordered Child Support			
Credit Cards (for medical bills only)			
Clothing			
Laundry			



**ADA COUNTY INDIGENT SERVICES**  
 Office (208) 287-7960 • Fax (208) 287-7969  
 252 E. Front Street, Suite 199 • Boise ID 83702

**ADA COUNTY USE ONLY:**  
 \_\_\_\_\_ THRU \_\_\_\_\_  
 AMOUNT \$ \_\_\_\_\_  
 BOACC \_\_\_\_\_  
 CASE # \_\_\_\_\_

# RENT VERIFICATION

DATE: \_\_\_\_\_

THIS VERIFICATION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE ALL QUESTIONS AND RETURN TO ADA COUNTY INDIGENT SERVICES BY \_\_\_\_\_ THANK YOU.

\_\_\_\_\_ Deputy Clerk, Ada County Indigent Services

Renter's name \_\_\_\_\_ Monthly rent amount . . . . . \$ \_\_\_\_\_  
 Tenant name if different \_\_\_\_\_ Date moved in . . . . . \_\_\_\_\_  
 Rental Address \_\_\_\_\_ Amount paid for first month . . . \$ \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Amount of deposit . . . . . \$ \_\_\_\_\_  
 Tenant phone number ( ) \_\_\_\_\_ Date paid . . . . . \_\_\_\_\_  
 Number of people in household? \_\_\_\_\_ Date moved out . . . . . \_\_\_\_\_  
 No. of Adults \_\_\_\_\_ No. of Children \_\_\_\_\_

Is rental covered by lease or contract? . . . . .  yes  no  
 If yes, please attach a copy

Does renter benefit from, or is any portion of rent paid by another because of a Section 8 Voucher, Landlord receiving subsidy from HUD, or any other government program that results in a reduced rent for this renter? Or does landlord receive tax credit under Section 42? . . . . .  yes  no  
 If yes, amount paid by tenant? . . . . . \$ \_\_\_\_\_

Does renter split rent with anyone else? . . . . .  yes  no  
 If Yes, with whom? \_\_\_\_\_  
 If yes, how much does each one pay? \$ . . . . \$ \_\_\_\_\_

Has rent subsidy been applied for? . . . . .  yes  no  
 If yes when? . . . . . \_\_\_\_\_

PLEASE INDICATE BELOW WHICH UTILITIES ARE PAID BY LANDLORD AND/OR PAID BY TENANT		
UTILITY	LANDLORD	TENANT
Electric		
Heat Source _____		
Garbage Service		
Sewer		
Water / Well		

IF THE TENANT IS REQUESTING RENTAL ASSISTANCE AND IS APPROVED YOU WILL RECEIVE A VOUCHER CLAIM FOR YOUR SIGNATURE WITH THE APPROVED DATES AND AMOUNT. RETURN THE SIGNED VOUCHER IMMEDIATELY TO ADA COUNTY INDIGENT SERVICES. THIS AMOUNT WILL BE REPORTED TO THE I.R.S. PLEASE MAKE SURE YOUR TAX ID# OR SOCIAL SECURITY NUMBER MATCHES THE PAYEE NAME.

I AGREE TO ACCEPT ADA COUNTY'S RENT VOUCHER FOR THE APPROVED PERIOD. IF APPLICANT IS EVICTED DURING THIS PERIOD, ADA COUNTY WILL BE REIMBURSED THE UN-USED PORTION OF THE RENT. I AGREE THAT FUNDS RECEIVED FROM ADA COUNTY WILL NOT BE USED FOR FEES, COLLECTION COSTS, ATTORNEYS FEES OR ANY COSTS FOR EXPENSES OTHER THAN RENT FOR THE APPROVED PERIOD.

NAME OF LANDLORD \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PROPERTY OWNER/AGENT'S TAX I.D. OR SSN (REQUIRED BY FEDERAL LAW) \_\_\_\_\_  
 LANDLORD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Name of Applicant: (print) \_\_\_\_\_

Name of Spouse: (print) \_\_\_\_\_

### RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from the Ada County Indigent Services Department to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Ada County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereon with all parties of interest, including, but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31 Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Ada County Indigent Services Department a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied. **I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.**

By my signature I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

**NOTARY**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

\_\_\_\_\_ personally appeared  
before me and proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they)  
executed the same.

S E A L

\_\_\_\_\_  
Notary Public for Idaho  
Residing at:  
My Commission Expires:

