



# BINGHAM COUNTY NON-MEDICAL ASSISTANCE APPLICATION

**Questions?** Contact Bingham County Indigent Services at 208-782-3097. Return the completed application to the Bingham County Indigent Services office at 501 N. Maple #207, Blackfoot, ID 83221.

FOR COUNTY USE ONLY	
Bingham County Case No.	Date application was received:

## **TYPE OF ASSISTANCE BEING REQUESTED:**

LANDLORD or UTILITY	TYPE OF SERVICE	AMOUNT REQUESTED
Name: Street: City: State: Zip: Telephone:		

## **APPLICANT INFORMATION:**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a veteran? Yes  No  Employer: \_\_\_\_\_

Marital Status:  Married  Divorced  Widow(er)  Separated  Single

Spouse's Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a veteran? Yes  No  Employer: \_\_\_\_\_

1. Have you ever applied for assistance from any county in Idaho? Yes  No

If yes, when? \_\_\_\_\_ Was assistance approved? Yes  No

2. Are you renting from a family member? Yes  No

If yes, from who? \_\_\_\_\_ Relationship to you: \_\_\_\_\_

3. Have you or any member of your household ever been sanctioned by or disqualified from an assistance program? Yes  No

If yes, when? \_\_\_\_\_ Name of Agency: \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

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

NAME & RELATIONSHIP	DATE OF BIRTH	EMPLOYER	HOURS PER WEEK	HOURLY WAGE
				\$
				\$
				\$
				\$

**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	BANK/CREDIT UNION	CURRENT VALUE	
Checking Account				\$	
Savings Account				\$	
Credit Card/Line of Credit				\$	
CDs, Stocks, Bonds, Mutual Funds, Annuities, IRA				\$	
Other				\$	
REAL/PERSONAL PROPERTY			DESCRIPTION	CURRENT VALUE	AMOUNT OWED
Home					\$
Land					\$
Recreational –Boats, Snowmobiles, etc.					\$
Mobile Home					\$
Rental Property					\$
Vehicle					\$
Vehicle					\$
Vehicle					\$
Trailer/Camper					\$
Equipment/Machinery					\$
Livestock					\$
Other					\$

**MONTHLY INCOME:**

EARNED INCOME	SOURCE		MONTHLY AMOUNT	
Gross Wages			\$	
Self-Employment Income			\$	
Other: _____			\$	
UNEARNED INCOME	APPLIED FOR		RECEIVING	
	YES	NO	YOU	HOUSEHOLD MEMBER
Social Security (SSD, SSI, SSE)			\$	\$
Retirement Pension(s)				
Veteran's Benefits				
Workman's Compensation				
Unemployment Benefits				
Alimony				
Child Support				
Food Stamps				
Interest/Dividends				
Rental Income				
Other: _____				
Other: _____				
Other: _____				

**MONTHLY LIVING EXPENSES:**

EXPENSE	CREDITOR	MONTHLY PAYMENT	FOR COUNTY USE ONLY
Mortgage			
Rent			
Food			
Non-Food			
Electricity			
Water/Sewer/Garbage			
Heating			
Telephone			
Fuel			
Car Payment			
Auto Insurance			
Health Insurance			



**Applicant Name:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**RELEASE OF INFORMATION FOR 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 Bingham 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 Bingham 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 Bingham 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\_\_\_\_.

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

\_\_\_\_\_  
Co-Applicant Signature

**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: \_\_\_\_\_