

GENERAL ASSISTANCE

Application

EMPLOYMENT HISTORY (last 2 years)

Applicant

| Employer | Location | Type of Work | From | To | Reason for Leaving |
|----------|----------|--------------|------|----|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Spouse (if applicable)

| Employer | Location | Type of Work | From | To | Reason for Leaving |
|----------|----------|--------------|------|----|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

INCOME (received in the last 30 days)

| Type | Yes | No | Source | Amount | How often received? | Date received | Expect to continue? |
|---|-----|----|--------|--------|---------------------|---------------|---------------------|
| Job (including side jobs) | | | | | | | |
| Gifts or contributions | | | | | | | |
| Unemployment (UIB)/ State Disability (SDI) benefits | | | | | | | |
| Worker's Compensation | | | | | | | |
| Child/Spousal Support | | | | | | | |
| Revenue Share (Tribal) | | | | | | | |
| Union benefits or pensions | | | | | | | |
| Social Security | | | | | | | |
| Pensions or retirement | | | | | | | |
| Military allotment or pension | | | | | | | |
| Railroad benefits | | | | | | | |
| Property income (e.g. oil, mining and mineral rights, trust deeds and notes). | | | | | | | |

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| Type | Yes | No | Source | Amount | How often received? | Date received | Expect to continue? |
|---------------------------------------|-----|----|--------|--------|---------------------|---------------|---------------------|
| Trust fund | | | | | | | |
| Income from selling personal property | | | | | | | |
| Veterans' benefits | | | | | | | |
| Rental Income | | | | | | | |
| Interest income | | | | | | | |
| Grants, loans, or scholarships | | | | | | | |
| Other | | | | | | | |

RESOURCES

| Type | Yes | No | Current value | Amount owed | Description of property | Account # | In whose name is the resource listed? |
|-------------------------------------|-----|----|---------------|-------------|-------------------------|-----------|---------------------------------------|
| Cash on hand | | | | | | | |
| Checking | | | | | | | |
| Savings | | | | | | | |
| Stocks or Bonds | | | | | | | |
| Notes, mortgages, trust deeds | | | | | | | |
| Trust funds | | | | | | | |
| Trustee or beneficiary of an estate | | | | | | | |
| Life insurance policies | | | | | | | |
| Vehicles | | | | | | | |
| Trailers or motorhomes | | | | | | | |
| Recreational vehicles | | | | | | | |
| Tools | | | | | | | |
| Burial plots, trusts | | | | | | | |
| Other property | | | | | | | |
| Land or buildings | | | | | | | |

Have you or your spouse received a lump sum (e.g. sale of property, settlements) in the last 12 months? YES NO

Source _____ Amount _____ Date received _____

Have you or your spouse sold, transferred or given away any property in the last 12 months? YES NO

Item description _____ Value _____

Amount received _____ Date received _____

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SECTION 4:

| | Applicant | Spouse (if none, leave blank) |
|--|--|--|
| Have you ever thought you need to cut down on your drinking or drug use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have people expressed concern over your drinking or drug use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever felt bad or guilty about your drinking or drug use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently working with a rehabilitation program? ➤ Program Name ➤ Counselor's Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 5: Please review then sign and date below.

I agree to disclose my financial condition and will give all information necessary to establish eligibility for aid and/or services.

I understand any changes in circumstances concerning income, property, household composition, or any condition which may affect my eligibility must be reported within 5 days and must also be reported on the General Assistance Monthly Income Report, which is due by the 5th working day each month.

I understand that if I am required to attend Drug and Alcohol classes I will also provide the Verification of Participation in Alcohol/Drug Rehabilitation program (Form DSS 5080A) with my Income Report each month.

I understand any misrepresentations or omissions of known facts at the time of this application or thereafter may be the basis for criminal prosecution and/or discontinuance of benefits.

I understand any payments received that are not compensation for work performed must be repaid to the County.

I understand and certify, under penalty of perjury, that all my answers on this Application are correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF SPOUSE _____ **DATE** _____

SIGNATURE OF WITNESS (IF SIGNED WITH MARK) OR PERSON HELPING TO COMPLETE THIS FORM
_____ **DATE** _____

County Use Only

GAS Case Number _____ CalSAWS Case Number _____ Active MC/CF _____