

WEST CREEK TOWNSHIP
HEIDI LAUB, TRUSTEE
18046 WHITE OAK AVENUE
LOWELL, INDIANA 46356
219-696-9432

WE RESERVE THE RIGHT TO ORDER DRUG TESTING FOR ELIGIBILITY

REQUIREMENTS FOR ELIGIBILITY AND CERTIFICATION

All clients seeking Township Assistance must provide the following items to determine eligibility. In order to secure an appointment you must first complete the initial application provided and have all documentation requested before the interview can be scheduled. **Please call to make the appointment!**

- I. REQUIREMENTS FOR ELIGIBILITY/CERTIFICATION
 - A. Driver's License or Voter's Registration Card or Green Card number with **current** township address.
 - B. Vehicle registrations, auto insurance policies, payment booklets or title to all vehicles.
 - C. Rental lease, rent receipt or current mortgage statement or property tax statement.
 - D. Other expenses: Nipsco, water/sewer, cable, home/cell phone bills and credit card statement and bank statement.
- II. CONFIRMATION OF FAMILY SIZE
 - A. Marriage license and/or divorce decree.
 - B. Social Security cards for each household member.
 - C. Birth Certificate for each child
- III. CONFIRMATION OF HOUSEHOLD INCOME
 - A. Pay stubs for the past 90 days
 - B. Child support payments received – need divorce decree
 - C. Social Security, SSD/SSI benefit statements or Veterans Administration benefits
 - D. Adoption/Foster Care assistance benefit statements
 - E. TANF/Food stamp benefit statements
 - F. Veteran Administration benefits statement
 - G. Unemployment compensation – verification of acceptance or denial is required
 - H. Sick benefits: Worker's Comp, Short Term Medical, etc.
 - I. Federal and State tax returns
 - J. Tuition assistance documentation: Pell Grants, student loans, VA benefits, etc.
 - K. Verification of all other household income.
- IV. CONFIRMATION OF ALL ASSETS

Must provide statements for last 90 days, also quarterly, and year end statements

 - A. Savings Account/checking account statements and cancelled checks
 - B. Credit Union statements
 - C. Savings Bonds, Stocks, Certificates of Deposit, retirement plans and pension plans.
- V. CONFIRMATION OF SHELTER COST
 - A. If a renter, you must bring your lease, rent receipts and your landlord's name and address along with a telephone number.
 - B. If a renter with a Section 8 voucher, you must bring in this paperwork also.
 - C. Homeowner, bring your mortgage statement and property tax statement.

VI. CONFIRMATION OF MEDICAL EXPENDITURES

- A. Paid receipts from doctors, dentist, eye doctors, hospital
- B. Paid receipts for prescriptions and medical supplies
- C. You will need a current doctor's letter as to the nature of illness/disability, physical limitations and a release date. This information can be faxed to the Trustee office at 219-696-9432, however the original copy must be mailed to the office address shown on page one. All correspondence must have the doctor's signature. A statement from your doctor must be mailed to our office if requesting help with a special diet.

VII. VERIFICATION – ALL BENEFITS

- A. FOOD STAMPS/TANF – Letter of acceptance or denial
- B. MEDICAID – Letter of acceptance or denial
- C. UNEMPLOYMENT – Letter of acceptance or denial
- D. WORKMAN'S COMP – Verification of benefit or denial
- E. SOCIAL SECURITY – Verification of benefit or denial
- F.
- G. NOTICE FROM LOCAL UNION AS TO STRIKE/LAYOFF
- H. YOU MUST PROVIDE CONFIRMATION OF ANY ADDITIONAL MONETARY ASSISTANCE YOU HAVE RECEIVED IN THE LAST 90 DAYS FROM ANY SOURCE.