

COUNTY OF MARIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES, EMPLOYMENT AND TRAINING BRANCH
GENERAL RELIEF PROGRAM

APPLICATION FOR GENERAL RELIEF			TO BE COMPLETED BY STAFF
Name			Date:
Date of Birth			
Social Security Number			Case Number:
Street Address			
PO Box Number			
City, Zip			
Daytime Phone:			
Residence Status I currently reside in Marin County and intend to continue residency here <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth (City, State, Country):			
Citizenship or Immigration Status: <input type="checkbox"/> US Citizen Born in US <input type="checkbox"/> US Citizen Born Abroad <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed List your spouse and children under 18 living with you:			<input type="checkbox"/> US Citizen Alien #: _____ Sponsored: _____
Living Situation: <input type="checkbox"/> Homeless outside <input type="checkbox"/> Homeless in Shelter <input type="checkbox"/> Homeless, staying with someone <input type="checkbox"/> Rent <input type="checkbox"/> Own home List all cities where you stay:			
Rent Contribution: Are you obligated to pay for rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much: Do you receive housing in exchange for work? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive free rent or housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Liquid Assets: <input type="checkbox"/> Cash on Hand? Amount: _____ Cash Cards? Balance: _____ <input type="checkbox"/> Bank Accounts? List below			
<i>TYPE OF ACCOUNT</i>	<i>BANK/CREDIT UNION</i>	<i>ACCOUNT NUMBER</i>	<i>BALANCE</i>
Resources/Personal Property: include property that you own or have a vested interest in even if you currently do not get compensation from them:			
<i>VEHICLES (YEAR/MAKE)</i>	<i>LIFE INSURANCE</i>	<i>REAL ESTATE</i>	

Assets: <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Pensions <input type="checkbox"/> IRAs <input type="checkbox"/> Annuities <input type="checkbox"/> Trust Funds <input type="checkbox"/> Deferred Compensation Accounts <input type="checkbox"/> Inheritances <input type="checkbox"/> Items of Personal Property Valued >\$100
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Are you hiding/running from the law for a felony, attempted felony, or a parole/probation violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently enrolled in school or planning to enroll? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you transferred or sold any property within the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

Income and Potential Income		
List all income and any other funds you have received this calendar month . Also list all income that you expect to receive in the next 30 days , including gifts and loans		
<i>SOURCE OF INCOME</i>	DATE RECEIVED OR ANTICIPATED	AMOUNT
		\$
		\$
Have you ever applied for, or do you receive or expect to receive, any of the following benefits or payments?		
<input type="checkbox"/> Social Security Disability or Retirement	<input type="checkbox"/> Veterans' Benefits	
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Payment from another County	
<input type="checkbox"/> SSI/SSP	<input type="checkbox"/> State Disability Insurance	
<input type="checkbox"/> Insurance Settlement or Lawsuit	<input type="checkbox"/> Tribal Monies	
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Other	
If yes, how much have you received this calendar month ?		\$
If yes, how much do you expect to receive in the next 30 days ?		\$

<i>I acknowledge that General Relief payments are repayable. Determination of ability to repay will be made after termination of General Relief. My signature indicates all of the preceding information is true. Also, I understand that I must report all changes regarding this information within ten (10) days of occurrence.</i>	
Applicant Signature or Mark	Date of Application
Person Assisting Applicant Signature	Date of Application
Eligibility Worker Signature	Date of Interview

Auxiliary aids and services are available upon advance request to individuals with disabilities.

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