

MARSHALL COUNTY GENERAL ASSISTANCE GUIDELINES

General Assistance requires individuals to apply for all the help they need from other sources in the community before they receive general assistance help.

General Assistance is one-time help and requires repayment so the program can continue to help others. For ongoing rental assistance apply for the Marshalltown City Section 8 housing program 641-754-5756.

The program can not assist individuals that are:

- Ineligible to receive HUD Rent Assistance.
- Living in income supported housing units *like* River Oaks, River Birch, Tall Corn Tower, Edgebrook, Halfway House or sober living units.
- Receiving SSDI or FIP.
- Recently fired or voluntarily quit a job.
- If in the Marshalltown city limits, the unit must be a registered rental unit with the city.
- Renting from family members.

Please bring with your completed application to the evaluation appointment:

- Identification for all adult members of the household
- Two months of your bank statement or cash card statement showing all income sources
- Two months of your payroll stubs for all adult individuals in the home.
- Signed Landlord Agreement and their W-9 signed for tax purposes.

INCOME GUIDELINES:

Maximum Income guidelines for household without children:

Single Adult \$ 967.00 per month
Two Adults \$1,450.00 per month

FIP income guideline for families with children:

Family with 1 child \$ 675.25
Family with 2 children \$1,330.15
Family with 3 children \$1,570.65
Family with 4 children \$1,824.10

See the policy for additional information.

Questions: email va@marshallcountytia.gov

The program is administered by Veterans Affairs staff.

INSTRUCTIONS FOR APPLYING FOR GENERAL ASSISTANCE.

1. The application packet is four pages.
 - Page 1. This is the cover sheet with instructions.
 - Page 2. This is the page to verify you have visited all of the other agencies that offer assistance before you turn in your application packet. Every site must be visited and signed that you have been there.
 - Pages 3 & 4. These two pages must be filled out completely and the application must be signed.
2. Return the completed application on or before the 10th of the month with the required documentation, bank stubs, pay stubs and household identification.
3. Applications will be reviewed for accuracy and completeness, and you will receive a call for an interview after the 10th of the month. Incomplete applications will not be called for interviews.
4. After the interviews are held, the Department Director will consider the applications and determine which applicants meet the established policy criteria for assistance.
5. After approval, the landlord needs to sign the landlord agreement and furnish a W-9 prior to payment to the landlord.
6. The tenant needs to sign a repayment agreement.

General Assistance requires this checklist to be completed and all attachments submitted with the General Assistance Application. Completed applications with attachments and this checklist received prior to the 10th of each month will be reviewed for eligibility. Applications received after the 10th of the month will be held for the next month review. After the application has been approved, there is a 20-40 day wait for the county's bill paying process to be completed before a check is issued.

Note: The program does not allow payments for past due utility or rent, or payments for contract sales, mortgages, or to landlords related to the applicant. The program does not assist with deposits. The program cannot assist with active eviction notices.

1. Are you a veteran? Yes / No
2. Are you in Marshall County lawfully? Yes / No
(required by Iowa Code 252.25)
3. Attach copies of:
 - a. Identification for all adult members of the household or valid work permits.
 - i. Names: _____
 - b. Two months of bank statements or cash card activity for all household adults.
 - c. Two months of pay stubs for all household adults.
4. Get the following signatures after you've completed the application. **You must sign the application authorizing release of information and take it with you when you get the signatures.**

a. Section 8 Housing – 36 N Center Street

Adults in the household

i. Registered for assistance Yes/No

iii. Ineligible for assistance Yes/No
reason: _____

ii. Receiving assistance Yes/No

Section 8 Housing

Date

Signature & Title

b. Salvation Army – 107 W State Street

Adults in the household have

i. Registered for assistance Yes/No

iii. Other comment:

ii. Receiving assistance Yes/No

Salvation Army

Date

Signature & Title

c. Iowa Works - 101 Iowa Avenue West, Suite 100

Adults in the household

i. Registered for work Yes/No

iv. Other comment:

ii. Receiving unemployment Yes/No

iii. Applied for budget help Yes/No

Iowa Works

Date

Signature & Title

d. DHS/HHS. 101 E Main Street

Adults in the household

i. Are receiving FIP Yes/No

iii. Not eligible for FIP Yes/No

ii. Have applied for FIP Yes/No

DHS/HHS

Date

Signature & Title

Finding it hard to make ends meet at the end of the month?

Consider:

Food Stamps / SNAP

Food Bank

House of Compassion evening meals

Seek Budget Assistance

MARSHALL COUNTY GENERAL ASSISTANCE APPLICATION

Application Date:

Are you a lawful resident of Marshall County? Yes / No

Name:		Iowa ID or Drivers License Number:			
Address:				Birth Date:	
City/State/Zip:				Phone Number:	
Marital Status:	Single	Married	Divorced	Widowed	Separated
Have you or your spouse served in the military? Yes / No			How many in Household? Adults#:		Children #
Are you currently a student? Yes / No					
What type of assistance do you need?					
Landlord Name				Landlord Phone	
Landlord Address					

Applicant's Previous Addresses:

	City	State	Dates: From /To	Did you own or rent?
1				
2				
3				

List **all Members of the Household:** (include relatives, roommate, etc)

	Name	Birth Date	Relationship	Iowa ID or Iowa DL #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Are you receiving **food stamps**? Yes / No

Date Applied for Food Stamps:

Yes, amount is: \$

Are you on **Section 8 HUD** / low rent housing? Yes / No

Date Applied for HUD:

Please submit wait list letter with this application if you do not currently receive HUD.

If not eligible for HUD, explain:

Are all able-bodied household members registered with **job service**? Yes / No

Have you or other household member voluntarily quit a job in the last 90 days? Yes / No

Have you or other household member been fired from a job in the last 90 days? Yes / No

Why did you quit or get fired?

Do you have any type of **Life or Health Insurance**? Yes / No (explain)

Are you receiving or paying **child support**? Yes / No

Receiving Amount:

Paying Amount:

\$

\$

FAMILY EMPLOYMENT
The Last 3 Months

	<u>Family Member</u>	<u>Employer & Address</u>	<u>PT/FT</u>	<u>Start\End Date</u>	<u>Wage\Salary</u>
1					
2					
3					
4					
5					

Other Sources of Income: Please list monthly amounts.

Child Support: \$	Churches: \$
FIP: \$	Pensions: \$
SSI/SSDI: \$	Family/Friends: \$
Soc Sec: \$	Veterans: \$
Worker Comp: \$	Other: \$
Unemployment: \$	

Real Estate Assets

Personal Property Assets

Type of Property:	Savings Account: \$	
Purchase Price: \$	Checking Account: \$	
Amount Owed: \$	Investments/Bonds: \$	
Present Value: \$	Vehicle #1 Year:	Veh#1 Make/Model
Recorded Owner:	Vehicle #2 Year:	Veh#2 Make/Model

Monthly Bills and Other Debts. Please list rent, car payments, personal loans, credit cards, mortgages and other expenses.

	<u>Owed to:</u>	<u>For what:</u>	<u>Amount:</u>
1			\$
2			\$
3			\$
4			\$
5			\$

I understand I assume full responsibility for the accuracy of the statements on this form and I understand Marshall County General Assistance Department will use these statements to determine my eligibility for general assistance.

I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons to release confidential information concerning my personal situation to Marshall County General Assistance Department if it deems such information necessary.

Signature of applicant

Date signed:

Complete this form and return it to General Assistance, 101 E Main Street, Marshalltown, Iowa 50158 or email to VA@marshallcountya.gov

Applicant/Recipient Promissory Note must be signed if approved:

I, the undersigned, agree to reimburse Marshall County General Assistance for this assistance. I agree that if this amount is not reimbursed, I will be ineligible for further assistance. I agree to pay \$_____ monthly, beginning _____.

Signature of applicant

Date signed:



OFFICE OF VETERANS AFFAIRS & GENERAL ASSISTANCE

MARSHALL COUNTY, IOWA

101 E. Main St
Marshalltown, IA 50158
Phone (641) 754-6335

va@marshallcountya.gov

RE: MARSHALL COUNTY GENERAL ASSISTANCE

Dear Landlord or property manager,

Your tenant has applied for Marshall County General Assistance. General Assistance is one-time help for qualified tenants, up to \$300. The program requires them to pay back this assistance so we can help others.

Marshall County will issue a check to the Landlord, provided the rental unit is registered with the City of Marshalltown as a registered rental. The payment process could take up to three weeks, as checks are issued following the county approval for payment.

Landlords must complete two forms for your tenant to receive this one-time help.

1. **W-9.** If the county has a W-9 form on file another W-9 is not necessary.
2. **Landlord Agreement.** This form asks if the Landlord is willing to receive county monies and will halt any eviction proceedings in place for up to 30 days. The name on the lease must match the name of the tenant requesting assistance.

Please complete, sign, and return these two documents by email to va@marshallcountya.gov

or by mail to:

Marshall County Veteran Affairs/General Assistance
101 E Main Street
Marshalltown, Iowa 50158

Attachments:

- W-9
- Landlord Agreement

Landlord or manager must fill out and sign to receive payment from Marshall County

**Marshall County General Assistance
101 East Main Street
Marshalltown, IA 50158**

**Phone 641-754-6335
Fax: 641-754-4177
va@marshallcountyia.gov**

LANDLORD AGREEMENT

Marshall County, Iowa, has received an application for General Assistance, dated _____
for the property at

Street Address	Unit #
City, State, Zip	

The applicant's name is: _____ and they state there
are ____ adults and ____ children in the unit.

Please verify the following:

1. ☐ Yes ☐ No I am the owner of the above property.
If no, please state your association with the property (i.e. Manager)

2. If the rental unit is in Marshalltown, it is a registered unit with the City of
Marshalltown. ☐ Yes ☐ No ☐ Not in Marshalltown
3. The name on the lease for this property is: _____,
and it is in the same name as the applicant. ☐ Yes ☐ No
4. The monthly rent is: \$ _____.
5. If Marshall County General Assistance is able to provide assistance in the amount of
no more than \$300.00, will this prevent eviction for at least 30 days? *(The applicant is
aware this amount must be repaid to the program.)*
☐ Yes ☐ No

**If assistance is granted, you will receive a voucher that will need to be signed and returned
to the above address. This voucher will be paid at the next regularly scheduled Board of
Supervisor meeting after receipt. This questionnaire is only for information purposes and
does not commit Marshall County to any payment agreement.**

Property Owner /Landlord Signature

Date

Print Clearly: Name: _____

Address: _____

City: _____

Landlord Phone number: _____

Landlord must fill out completely and sign to receive payment from Marshall County

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ► _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Marshall County General Assistance

Policy

It is Marshall County's position that provision of assistance to needy persons is a matter of public benefit as well as a statutory duty of the county, and to that end General Assistance as defined herein shall be administered to needy families and individuals as identified by General Assistance Manual guidelines promptly, humanely, and equitably to assure those persons decent, healthful living situations.

This policy approved in regular session on July 5, 2023, will remain in force until modified or repealed by the Marshall County Board of Supervisors.

SECTION I - GENERAL PROVISIONS

A. LEGAL AUTHORIZATION: The guidelines and procedures set out in this policy implement the responsibility of the General Assistance Office of Marshall County. This policy outlines the duties imposed upon the County by Chapter 252 of the Code of Iowa.

B. ELIGIBILITY: Eligibility for General Assistance shall be determined based on need as established and verified by the Veterans Affairs/General Assistance Director or designee according to the guidelines set out in Sections III and IV and shall be determined without regard to race, creed, religion, national origin, sex or age.

C. DEFINITIONS: The definitions of terms used in this policy are as follows:

"Board" means the Marshall County Board of Supervisors.

"Director" means the Veterans Affairs/General Assistance Director appointed by the Marshall County Board of Supervisors to oversee the county's General Assistance program.

"Designee" means qualified staff appointed by the Director to help administer the county's General Assistance program.

"Family" means the person applying for general assistance, that person's spouse, children under eighteen years of age, older children who are dependent on the applicant due to school attendance or incapacity, and anyone else domiciled with the applicant and dependent upon the applicant according to guidelines used by the state Department of Revenue in collecting income tax.

"General Assistance" means county payment made on behalf of needy persons for rent, utilities, food, medical services, and miscellaneous expenses.

"Needy" means a lack of resources to maintain self or family in a decent, healthful situation.

"Vendor Payment" means a County Auditor's warrant to the supplier of goods or services.

D. GENERAL ASSISTANCE APPLICATION: Application for General Assistance shall be made to the Director or designee on or prior to the 10th day of the month, or the Monday following the 10th day if the 10th day of the month falls on a Saturday or Sunday. The Director or designee shall give written notification to the applicant of the decision to grant or deny the application within five (5) working days following the application deadline. Such notice shall include the factual basis for the Director's or designee's decision, a statement of the right to appeal, and a recital of appeal procedures.

E. REVIEW BY THE BOARD: The Board may review the determination of eligibility made by the Director or designee. If the Board questions any allowance of assistance benefits allowed by the Director or designee, it shall take no action concerning such allowance until it conducts a hearing. Notice of the hearing shall be given to the applicant in the same manner as if the applicant had taken the appeal. This hearing shall proceed in the same manner as an appeal by the applicant from the Director's or designee's determination.

F. APPEAL: Every applicant, whether granted assistance or not, shall be informed in the Director's or designee's written decision of the applicant's right to appeal from such decision to the Board of Supervisors. The applicant shall be informed (1) of the method of which an appeal may be taken, and (2) that he or she may represent him or herself, or may be represented by counsel at applicant's expense.

The written appeal or communication shall be made to the Director within ten (10) days of the Director's or designee's determination, shall provide applicant's current address and telephone number, and shall state the reasons for the appeal. Any written appeal or communication to the Director by or on behalf of an applicant requesting appeal of the Director's or designee's determination, shall be received by the Director and put immediately upon the Board's agenda in accordance with Chapter 28A, Code of Iowa, for the next regular board meeting, provided that such appeal shall not be heard sooner than five (5) working days after appeal is taken. The applicant shall be informed immediately, by telephone and by ordinary mail, of the date and time of hearing before the Board. Applicant and applicant's attorney upon written authorization from applicant shall be granted access by the Director to applicant's case file upon request.

G. APPEAL HEARINGS: The Board of Supervisors shall hear applicant's appeal at the time scheduled in the agenda unless continuance is requested by applicant and granted by the Board of Supervisors. Applicant shall be permitted to present any evidence desired in support of the appeal by personal testimony, by having other witnesses testify, by offering documentary evidence and by reasonable cross examination of other witnesses, if present. The technical rules of evidence shall not apply. The Board may set reasonable times for the present action of the parties at any appeal. The applicant's file shall be admitted into evidence.

The Board may question the applicant, and the Director shall present the board with the reasons for the determination. The appeal shall be tape recorded. The hearing before the Board shall not be an open meeting under Chapter 28A, Code of Iowa, since the confidential files of the applicant will be in evidence. When the Board deliberates on the appeal, no persons other than Board members shall be present. The Board's deliberations shall not be tape recorded. The Board shall make a decision on the appeal within ten (10) working days after the hearing. The Board's findings of fact and decision shall be based only on the evidence submitted during the hearing. Immediately after making its decision, the Board shall mail to applicant at his or her last known address, by ordinary mail, its decision in writing. The decision shall state the reasons for the action and shall also state that an appeal may be taken to district court from the Board's determination, and shall state the method by which such appeal may be taken. Any appeal from the Board's decision to the district court shall be allowed within the time and by the manner and procedures established under the Iowa Administrative Procedures Act, Chapter 17A, Code of Iowa.

SECTION II -ADMINISTRATION

PERSONNEL: The General Assistance program shall be administered by the Veterans Affairs Director who is appointed by and responsible to the Board of Supervisors. The Director may designate qualified and trained staff to help administer the program and carry out General Assistance duties. Staff are appointed by and responsible to the Director.

DUTIES OF PERSONNEL: The Director or designee shall:

1. Accept applications for General Assistance from persons residing in Marshall County and shall supply standard application forms for this purpose.
2. Investigate the factual statements presented on each application for General Assistance to determine their accuracy and reliability as appears necessary to the director under the guidelines of Section III of this policy.
3. Determine eligibility of each applicant according to the guidelines set out in this policy.
4. Arrange for vendor payments to be given to the applicants determined to be eligible for General Assistance.

SECTION III - GUIDELINES FOR INVESTIGATION AND DETERMINATION OF ELIGIBILITY

The Director or designee shall investigate the factual statements made on an application if it reasonably appears from either the application or from other information made available that the:

1. Applicant's situation indicates potential unused resources.
2. Applicant's property or cash reserves are near or equal to the limitation allowed.
3. Applicant is physically ill or disabled and unable to participate in the eligibility determination process.
4. Applicant knowingly provides false information on an application for assistance or provides false information during the determination of the applicant's request for assistance.
5. Applicant is transient or someone who changes his/her address frequently, or who has no permanent place of residence, or temporarily relocated for employment purposes.
6. Applicant fails to secure and maintain employment.
7. If the Applicant has previously received assistance and not fulfilled the payback agreement, then General Assistance may then be denied.

SECTION IV - ELIGIBILITY CRITERIA

To be eligible for General Assistance, an applicant must comply with the following established requirements and submit a complete application form.

If the applicant or applicant's household, through action or inaction, has created an ineligibility for assistance or a reduced level of assistance from any federal/state financial assistance programs which would, in the absence of the applicant's action or inaction, provide financial assistance at or in excess of General Assistance guidelines, the applicant will not be eligible for assistance.

LOCATION: Applicant must be a legal resident of Marshall County and have a lawful status under the laws of the United States of America to be considered for assistance. A resident is defined as a person who maintains a domicile (home) such as an apartment, townhome, duplex, house, etc., where the person can document that they are the lawful renter and that they have paid rent or have possessed a lease for a minimum of six (6) consecutive months.

ALTERNATE SOURCES OF ASSISTANCE: General Assistance funds shall not be utilized until all other sources of public assistance have been applied for. Applicants shall be referred to programs as appropriate.

PERSONAL AND FAMILY RESOURCES: All real and personal resources of the family, including net income from any source, shall be considered in making determinations for granting General Assistance with the following exceptions:

1. The applicant's family homestead.
2. Personal possessions and household furniture.
3. Tools and equipment used for home and family maintenance or support.
4. One motor vehicle and any additional vehicle more than ten years old.

INCOME ELIGIBILITY: Financial guidelines for General Assistance shall be the State of Iowa Family Investment Program (FIP) guidelines for families with Children and the SSI Federal Payment Standards for families without Children.

EMPLOYMENT: Applicants and adult members of the applicant's family shall be referred to Workforce Development Center, and shall register with Iowa WORKFORCE Development Center and complete a job search if deemed appropriate by the Director or designee cooperate with that agency in seeking employment, and shall accept employment when available. This requirement shall not be enforced when, in the determination of the Director or designee, any of the following conditions exists:

1. The applicant suffers from mental or physical illness which prevents gainful employment.
2. The applicant is disabled or otherwise unemployable.
3. The applicant is caring for a dependent family member who required home care and supervision.
4. An applicant is not eligible for assistance if unemployed for the purpose of seeking post high school training or education unless that person is participating in a vocational program that is part of an ICP (Individual Comprehensive Plan) developed by their social worker or case manager.
5. An applicant who is unemployed due to voluntarily quitting a job or is justifiably discharged from a job is not eligible for General Assistance for a period of three months after leaving the job.

COMPUTATION OF INCOME: Net income shall be the aggregate of all income including child support received of household members minus all paid medical expenses or child support physically paid out of household during the same thirty-day period of income eligibility.

Single persons living in a roommate situation shall be eligible for their proportionate share of the rent or utilities based on their own income. If the roommate needs help, that person must make an application for General Assistance in their own name.

FREQUENCY: When a Repayment Agreement is not required, an able-bodied person is eligible to receive General Assistance only once in a six-month period with this specific medical exception:

Medical exceptions will be allowed if the applicant can provide a physician's statement that specifically forbids the applicant from any work. There must be a signed Interim Assistance Agreement in place and assistance may be granted until the original decision by Social Security (this does not include services during an appeal status).

REIMBURSEMENT: Applicants for General Assistance may be required to sign a repayment agreement prior to assistance approval, based on assessment of applicant's financial situation. If an applicant for or recipient of General Assistance fails to make reimbursement for previous assistance, based on a signed reimbursement agreement, that applicant or recipient will be eligible for no further assistance.

SECTION V - DISBURSEMENT OF GENERAL ASSISTANCE

After eligibility is established and verified, and it is determined that there are no resources, disbursement of any General Assistance may be granted according to the following categories of need and their listed guidelines:

RENT: Rent payment shall only be made to owners of property.

Applicants must meet the qualifications for HUD Rent Assistance through the City of Marshalltown.

Rent shall only be paid for housing that is currently being occupied by the family except for temporary absence of the family for health reasons.

Rent shall not be paid to any relative.

The total amount of rent allowed for a single person is limited to \$300.00. Rent will be paid for the current month only. The landlord must agree to not evict for 30 days if assistance is granted.

UTILITIES: Utility relief includes vendor payments to gas companies, light companies, water companies, fuel oil companies and merchants who may provide another type of fuel needed for heating or cooking.

The maximum amount authorized will be \$200.00 for any type of utility. If rent is being requested at the same time, there will not be a payment for utilities.

Utilities must be in the name of the applicant or another member of the household.

Payment for utilities will be for current usage only. A copy of the utility bill is required with the application to verify current amount.

FOOD: Applicants will be referred to food pantries.

MEDICAL ASSISTANCE: Prior authorization from the Director or designee must be obtained before obtaining medical assistance. Vendor payment may be made for prescriptions and for some medical needs that require no prescription, such as insulin needles, bandages or gauze, etc. Payment for prescription or nonprescription drugs shall be limited to \$200.00 per eligible family member.

DENTAL EXPENSE: Payment may be made for dental work necessary to alleviate pain. Dental vendor payments are limited to \$200.00 for extractions.

FUNERAL EXPENSE: Effective 10-1-04, the Board ended burial assistance.

MISCELLANEOUS EXPENSES: Any other type of General Assistance found by the Director to be appropriate may be disbursed.

INELIGIBLE EXPENSES: Under no circumstances shall the Director find taxes, interest, carrying charges, mortgage payment, payment on a contract sale for real estate or any other type of debt to be a current need for which General Assistance may be disbursed.

DISBURSEMENT OF FUNDS: Eligibility and need shall be determined, and any resulting disbursements made as soon as possible after an application is properly completed.

Disbursement of General Assistance shall be by payment to the vendor as described in the Marshall County General Assistance Policy. Payment is authorized by voucher. A voucher shall be given to the applicant and the applicant shall present the voucher to the vendor.

Adequate records of all disbursements tracked by applicant and by category, together with any information necessary to explain each grant of General Assistance, shall be kept.