

# Jason Holliday

S. Jeanne Bain, Clerk

Trustee, Decatur Civil Township, Marion County, Indiana  
5410 S. High School Road  
Indianapolis, IN 46221  
(317) 856-6600  
Fax: (317) 856-1434  
decaturtrustee@decaturtwp.org

Dawn Creasey, Investigator,  
Township Assistance

Township Board  
Lucinda Taylor-Freund, District 1  
David E. Knight, District 5  
Neil Mack, District 3  
Josh Masquelier, District 2  
Luke W. Schmitt, District 4

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**BRING ALL OF THE FOLLOWING DOCUMENTS TO YOUR APPOINTMENT** - FAILURE TO PROVIDE THE REQUIRED DOCUMENTS COULD RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION AND/OR DENIAL OF ASSISTANCE. These items may be e-mailed to [decaturtrustee@decaturtwp.org](mailto:decaturtrustee@decaturtwp.org), but must be received **no later** than 8:00a.m. the date of the scheduled appointment. The items must be in an Excell, PDF, and/or Word Format – screen shots are not permitted.

**PICTURE ID FOR ALL ADULT HOUSEHOLD MEMBERS (ALL ADULTS 18 YRS OF AGE OR OLDER MUST SIGN ALL OF THE APPLICATION FORMS.**

BIRTH CERTIFICATES FOR **ALL** CHILDREN AND, IF APPLICABLE, CHILD SUPPORT PAPERWORK FOR EACH CHILD – EVEN IF NOT ACTUALLY RECEIVING CHILD SUPPORT.

SOCIAL SECURITY CARDS FOR **EVERYONE** IN THE HOUSEHOLD.

CURRENT COPY OF LEASE/MORTGAGE PAPERS OR PAYMENT BOOKS.

MOST CURRENT UTILITY BILL/S.

MOST CURRENT TELEPHONE, CELL PHONE, CABLE, PAGERS, CHARGE/CREDIT/DEBIT (including, but not limited to Chime, Cash-app, Discover, MasterCard, Venmo, Visa) CARDS AND/OR ONLINE BILLS.

**PROOF OF ALL INCOME** FOR ALL HOUSEHOLD MEMBERS FOR THE PAST 60 DAYS, SUCH AS CHILD SUPPORT, AFDC/TANF, UNEMPLOYMENT, SOCIAL SECURITY INCOME, TAX CHECKS, PENSIONS, IRA, VERIFICATION OF CASH RECEIVED FROM ODD JOBS, FAMILY AND FRIENDS, - **ALL INCOME! IF YOU ARE NOT WORKING DUE TO MEDICAL REASONS, WE'LL NEED A CURRENT DOCTOR'S STATEMENT.**

**PROOF OF ALL BILLS** THAT HAVE BEEN PAID **AND** NOT PAID IN THE PAST 60 DAYS (THIS INCLUDES CREDIT CARDS, LOANS, COURT FEES, FURNITURE PAYMENTS, MEDICAL BILLS, ETC.) **ALL DEBTS!**

AUTOMOBILE TITLE/S OR REGISTRATION/S AS WELL AS WELL AS PAYMENT BOOKS OR STATEMENT/S.

**ALL (AND ENTIRE)** PRINTOUT/S OF PERSONAL FINANCIAL STATEMENTS (including, but not limited to bank/savings/checking, cash-app, Chime, Venmo) FOR THE PAST 60 DAYS THAT INCLUDE THE CURRENT BALANCE AND THE ACTIVITY/TRANSACTIONS ON THE ACCOUNT/S FOR THE PAST 60 DAYS UP TO AND INCLUDING THE DATE OF YOUR APPOINTMENT.

NAMES, ADDRESS, PHONE NUMBERS WITH BEGINNING DATE AND ENDING DATES OF EMPLOYMENT FOR THE LAST **TWO** EMPLOYERS

**ALL LETTERS REGARDING** FOOD STAMPS, TANF, DISABILITY CLAIMS, SEC. 8 ASSISTANCE, BANKRUPTCY, UTILITY ALLOTMENTS, DIVORCE/CUSTODY PAPERS, COURT ORDERS, DOCTOR STATEMENTS, CASE WORKER'S NAME AND PHONE NUMBER, ETC.

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

If you are late for your appointment, you may have to reschedule.

I, \_\_\_\_\_, attest that I have provided all of the above information to Decatur Township in support of my application for Township Assistance and if there is information that I've not provided, it's because it is not applicable to my circumstances (for example, I'm not providing bank statements as I do not have a/any bank account).

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Signature of Applicant

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Date Signed