



LANCASTER COUNTY GENERAL ASSISTANCE
3140 "N" St, Suite 2106
Lincoln, NE 68510
Telephone 402-441-3095 Fax 402-441-3099

We have received your application for General Assistance. You are required to provide all of the following documents for you and your spouse in order for us to process your application. Submitting a fraudulent application or willfully withholding information pertinent to the application shall be reasons for immediate termination of benefits or denial of a claim for General Assistance benefits.

___Yes___No

Yes / No / NA

Yes / No / NA

___Yes___No

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

1. Two (2) forms of identification for yourself. Please be advised that at least one must be a valid picture identification.
2. Pay stubs from the last sixty (60) days. If you worked for temporary work agencies, you must bring a letter from that agency regarding dates worked and wages earned for the past sixty (60) days. Verification of unemployment payments, workman's compensation, or income from tips.
3. Most current copy of checking and/or saving account statement.
4. **Anyone applying for General Assistance must apply for all available resources. Therefore, it is required that all potential clients provide copies of papers showing the filing of and/or receiving of ADC, Medicaid, SNAP, Housing, and SSI/SSDI, etc. General Assistance does not have access to the SNAP program, so you are required to provide a letter stating that you receive SNAP and must be dated within the last thirty (30) days.**
5. Copies of all 401K, trust accounts, retirement accounts, etc.
6. A copy of your current lease/mortgage papers if requesting assistance.
7. If you are asking for rent deposit, please enclose a letter from your landlord explaining how the deposit from your current residence was spent.
8. Current medical bills from Lancaster County – **no medical bills over sixty (60) days.**
9. Copy of current vehicle registration.
10. Copy of income taxes from the previous year and a copy of W2's.
11. A list of places you have applied for in the past two (2) weeks **or** if unable to work full time a current letter from a MD, PA, APRN or LMHP that states why you are not able to work and for how long. A job search form is enclosed.
12. If you have lost your job in the last ninety (90) days, please enclose a letter from your employer stating the start and end dates of employment and the reason for termination.
13. If you left your employment because of health reasons, please enclose a current note from a MD, PA, APRN or LMHP stating the condition that renders you unable to maintain employment, the date it started, and the expected duration of the condition.
14. If the company you are employed with offers insurance, please list the name of the insurance carrier and the reason you did not enroll.
15. A copy of papers showing monies or properties that you received from alimony, inheritance, family, or friends.
16. A current list of medications, dosage, and prescribing physician. (Form enclosed)
17. If divorced or separated, please enclose a copy of the legal separation papers or divorce decree. (If you need assistance in obtaining these documents, please contact General Assistance.)
18. If you or your spouse is currently enrolled in college credit courses, please enclose a copy of your current schedule.

Please provide the documentation **within two (2) weeks of application date**. Any documentation provided with thirty (30) days of the date of application will be considered. Information provided after that date will require a new application. If you have any questions, please call us at (402) 441-3095.