



# APPLICATION FOR GENERAL ASSISTANCE

City or Township: \_\_\_\_\_ Date Issued: \_\_\_\_\_

County: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Record Number: \_\_\_\_\_

Information required in this application applies to the head of the family and all dependents for whom the application is made.

1. General Information

Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Husband's First Name and Middle Initial: \_\_\_\_\_ Wife's First Name and Middle Initial: \_\_\_\_\_

Other Names or Spellings: \_\_\_\_\_

Address: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Previous Three Addresses (including city and state):

Address 1: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Address 2: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Address 3: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

My family and I have lived in this township since \_\_\_\_\_ this county since \_\_\_\_\_

and this state since \_\_\_\_\_

Our last address before moving to Illinois was \_\_\_\_\_

I am now asking for assistance for myself and the following members of my family, who reside with me.

Name			Date of Birth			Birthplace		Relationship	Illinois Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	Month	Day	Year	City	State			
								Self/ Applicant		

In addition to those listed above, the following relatives, boarders, lodgers and other persons, for whom I am not seeking assistance, are living in the same house.

Name			Age	Relationship	Present Means of Support	Amount Paid Monthly for Board, Lodging, or Share of Household Expenses
First	Middle	Last				

2. Why do you need assistance?



# APPLICATION FOR GENERAL ASSISTANCE

### 3. Personal and Occupational Information

Marital Status:     Married     Single     Widowed     Divorced     Separated     Deserted

If married, date of marriage: \_\_\_\_\_ Location of Marriage: \_\_\_\_\_

If separated, state reason: \_\_\_\_\_

The present address of my spouse, with whom I am not living, is: \_\_\_\_\_

Is there a court order for child support?     Yes     No

Living Arrangement:     Rent     Own

If rent, Landlord's Name: \_\_\_\_\_ Landlord's Address: \_\_\_\_\_

Related to Landlord?     Yes     No    If related, relationship to landlord: \_\_\_\_\_

Military Service: Does any member of your family have current or previous military service?     Yes     No

If "Yes", who has current or previous military service? \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Serial Number: \_\_\_\_\_

If family member has current/previous military service, he/she:  
 received Adjusted Compensation     did not receive Adjusted Compensation     receives pension or other income from such service     does not receive pension or other income from such service

Past Employment: List last employer and two longest term employers for applicant and any other family member with work history.

Family Member	Name and Address of Employer	Type Work	Monthly Wage	Start Date	End Date	Reason for Leaving

Present Income and Other Financial Information: Fill in every blank. If none, write "None".  
Resources:

Sources	Person Receiving	Employer's Name and Address or Description of Resource	Weekly Amount
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Employment in Home			
Profits from: Sales			
Other: (specify)			

#### Public Assistance and Related Public Benefits

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			Other		
General Assistance			Other		



# APPLICATION FOR GENERAL ASSISTANCE

### Other Cash Resources

Sources	Name of Person	Amount	Sources	Name of Person	Amount
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment Benefits			Estates/Court Orders		
Worker's Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

### Banks Accounts Held by Any Family Member

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

### Safety Deposit Boxes Held by Any Family Member

Family Member Holding Box	Location of Box	Contents

### Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

Owned By	Description	Present Sale Value

### Real Estate Owned, in Whole or Part, by Any Family Member

Recorded Owner	Address	Description	Present Value	Date Purchased	Date Last Taxes Paid	Amount Last Taxes Paid	Present Monthly Income

### Vehicles and Farm Equipment Owned by Any Family Member

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value



# APPLICATION FOR GENERAL ASSISTANCE

**Life Insurance Policies, Current or Lapsed, Held by Any Family Member**

Person Insured	Name of Company	Type Policy	Amount	Monthly Premium	Date Last Premium Paid	Loans Made	
						Date	Amount

**Medical, Hospital, Surgical, or Other Health Benefits Available to Any Family Member**

Name of Company	Type of Coverage	Annual Premium

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and telephone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the applicant, however, if the person is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the spouse, parent, child, adult sibling, or other relative. If there are no relatives this application may be signed by any other person able to furnish necessary information with reasonable competence.

I have read this application for General Assistance and declare under penalties of perjury that, to the best of my knowledge and belief, the information supplied in this application and all accompanying statements is true and correct, and that it is a complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution or the Department of Human Services to furnish the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, Railroad System Disability Income benefits, or business of any kind whatsoever.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby make Application for General Assistance on behalf of the person named below and certify that, to the best of my knowledge and belief, the information furnished herein is a true statement of his/her income, assets and resources.

Applicant: \_\_\_\_\_ Applicant Representative Signature: \_\_\_\_\_

Applicant Representative Address: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

# APPLICATION FOR ASSISTANCE

WAUCONDA TOWNSHIP

LAKE COUNTY

Please fill in every space and please print clearly.

**NAME:** \_\_\_\_\_

## I. ASSISTANCE REQUESTED

NOTE: I am applying for (you may apply for one or both types of assistance; please read explanation below first):  
You may apply for either General Assistance, Emergency Assistance, or both; however, you cannot be approved for both

- Emergency Assistance**- alleviates a life-threatening circumstance or meet an expense which jeopardizes employment. (You can receive Emergency Assistance only once a year.)
- General Assistance**- a monthly financial assistance to meet basic needs. You can receive it every month of the year, however, you may be subject to certain requirements, such as a work requirement to qualify.

I am requesting the assistance I have indicated above on behalf of myself and the following people who reside with me:

Name:

Age:

Date of Birth:

Relationship:

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**II. REASON FOR APPLYING FOR ASSISTANCE:**

If you are applying for General Assistance, what is the reason you are applying for assistance?

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If you are applying for Emergency Assistance, what life-threatening circumstance or expense which jeopardizes employment presently faces you?

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**III. GENERAL INFORMATION:**

1. Full Name: \_\_\_\_\_  
  First  Middle Initial  Last
2. Present Address: \_\_\_\_\_  
  Street Address  Apt #  City, State, Zip Code
3. Phone Number: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Age: \_\_\_\_\_
7. How long have you resided at the present address? \_\_\_\_\_
8. How long have you resided in this Township? \_\_\_\_\_
9. Where was the last place in this State you resided for a continuous period of six (6) months?  
\_\_\_\_\_

Street Address  City, State, Zip Code  Dates of residence

**IV. PERSONAL & HOUSEHOLD INFORMATION:**

10. What is your marital status? (Married/Divorced/Separated): \_\_\_\_\_

If you are divorced, please indicate when and where you were divorced and if any orders were entered with regard to spousal or child support:

\_\_\_\_\_

If support orders were entered, what is your ex-spouse's address:

11. If married, please indicate spouse's full name:

\_\_\_\_\_

First Middle Initial Last

12. Please indicate you spouse's Social Security Number: \_\_\_\_\_

13. Spouse's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

14. Spouse's Age: \_\_\_\_\_

15. Date and place you and your spouse were married: \_\_\_\_\_

16. If you do not reside with your spouse, what is your spouse's address:

\_\_\_\_\_

17. Do you rent or own your home? \_\_\_\_\_ Please indicate the name, address, contact # of landlord or mortgage company:

18. Names, ages, and dates of birth of children and name of other parent if different than present spouse:

<u>Name</u>	<u>Age</u>	<u>Means of Support</u>	<u>Contribution</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Indicate the name, age, relationship to you, present means of support and contributions to household expenses of every person who lives with you:

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20. Are you or your spouse, any children or anyone residing with you presently employed? If so, indicate the name(s), address(es), and telephone #(s) of the employer(s):

Name                                      Address                                      Phone Number

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21. If you or your present spouse are not presently employed, indicate the name(s), address(es), and telephone #(s) of your last three (3) employer(s), the dates of your employment and the reason for leaving:

Name                Address                Phone Number                Dates of Employment                Reason for leaving

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22. Are you or any member of your family presently residing with you a veteran of a foreign war?

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23. Are you or any member of your family presently residing with you a member of a union?  
\_\_\_\_\_ If so, please indicate the union member, the name of the union, and union benefits for which the family member is eligible:

<u>Union Member</u>	<u>Name of Union</u>	<u>Union Benefits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**V. PROPERTY & ASSETS**

24. Do you or any member of your family residing with you own any real estate? \_\_\_\_\_ If so, please describe the real estate and indicate the address, how title is held, and its approximate equity value:

<u>Description</u>	<u>Address</u>	<u>Title</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

25. Do you or any member of your family residing with you own any automobiles, trucks, motorcycles, farm equipment or other vehicles: \_\_\_\_\_ If so, please describe the vehicle information (Year/Make/Model) and indicate how it is titled, and what its present equity value is:

<u>Description</u>	<u>Title</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

26. Do you or any member of your family residing with you own any personal property? \_\_\_\_\_ If so, please describe the personal property, indicate the owner, and the present equity value of the property:

<u>Description</u>	<u>Owner</u>	<u>Value</u>
_____		
_____		
_____		

27. Do you or any member of your family residing with you have any bank accounts or have any interests in any bank accounts? \_\_\_\_\_ If so, please indicate the name and address of the bank, the person who holds the title or an interest in the account, the account number, and the account balance:

<u>Bank Name and Address</u>	<u>Title</u>	<u>Account Number</u>	<u>Balance</u>
_____			
_____			
_____			

28. Do you or any member of your family residing with you own or rent any safety deposit boxes? \_\_\_\_\_ If so, indicate the name and address of the bank where safety box is located, the person who owns or rents it, the box number, and the contents of box:

<u>Bank Name and Address</u>	<u>Owner/Renter</u>	<u>Box Number</u>	<u>Contents</u>
_____			
_____			
_____			

29. Do you or any member of your family residing with you own any interest in any savings bonds, government bonds, or any types of stocks, bonds, or securities? \_\_\_\_\_ If so, please describe such securities and indicate the person with the interest in such securities and the present equity value of such securities:

<u>Description</u>	<u>Person Interested</u>	<u>Value</u>

30. Do you or any member of your family residing with you own or have an interested in any real estate or personal property, of whatever nature whatsoever, which has not been previously mentioned? \_\_\_\_\_ If so, describe such property, the person with the interest in such property, and the present equity value of such property:

<u>Description</u>	<u>Person Interested</u>	<u>Value</u>

31. Do you or any member of your family residing with you own any life insurance? \_\_\_\_\_ If so, indicate the person insured, the owner of the policy, the insurance company, the face value, and the present cash value of the policy:

<u>Person Insured</u>	<u>Owner</u>	<u>Insurance Company</u>	<u>Policy #</u>	<u>Face Value</u>	<u>Cash Value</u>

32. Do you or any member of your family have any Health Insurance? \_\_\_\_\_ If so, indicate the name of the Insurance Company, Policy #, Type of Coverage, and Person or Persons Insured:

<u>Person(s) covered</u>	<u>Insurance Company</u>	<u>Policy #</u>	<u>Type of Coverage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VI. INCOME**

33. Do you or any member of your family residing with you have any earned income from Wages and Salary or from self-employment? \_\_\_\_\_ If so, indicate the person receiving the income, the source of the income, and the amount of income received (indicate a time period over which the income was generated or earned as well):

<u>Person receiving Income</u>	<u>Source of Income</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

34. Do you or any member of your family residing with you have any unearned income? \_\_\_\_\_ (This includes Unemployment Benefits, Worker’s Compensation, Veteran’s Benefits, Social Security Retirement Benefits, Social Security Disability Benefits, Social Security Survivor’s Benefits, AABD, SSI, AFDC, and any other public assistance. If so, indicate the person receiving the income, the source of income, and the income amount:

<u>Source of Income</u>	<u>Person receiving Income</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

35. Do you or any member of you family residing with you have any income, of any nature whatsoever, which has not been previously mentioned? \_\_\_\_\_ If so, indicate such income, the name of person receiving the income, and the amount:

<u>Source of Income</u>	<u>Person receiving Income</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VII. PERSON(S) WHO MAY SIGN APPLICATION:**

This application for Assistance must be signed by the Applicant(s) or by a friend, guardian, conservator, or authorized individual acting on behalf of the Applicant(s). An application for Assistance on behalf of a family must be signed by at least one (1) adult in the family or by a friend, guardian, conservator or authorized individual acting on behalf of at least one (1) adult in the family.

**VIII. ATTESTATION:**

I/We have read the above and foregoing Application for Assistance and declare under penalties of perjury that to the best of my/our knowledge and belief, the information supplied in this Application and all accompanying statement and documents is true and correct and that it is a complete statement of all Income, Assets, and resources belongings to me/us and the members of my/our family on whose behalf I/We Am/Are requesting Assistance.

I/We agree to notify the Township Supervisor's Office of any change whatsoever in need or in the resources listed herein or of any new or additional income or resources. Further, by my/our signature(s) I/We hereby authorize any Person, Bank, Corporation, Transfer Agent, Agency, Institution, or the Department of DHS/HHS to furnish to the Township Supervisor's Office whatever information they may require relative to Accounts, Deposits, Investments, Securities, RSDI Benefits or Business of any kind.

X \_\_\_\_\_  
Applicant's Signature

X \_\_\_\_\_  
Applicant's Signature

I hereby make this Application for Assistance on behalf of the Person(s) named below and certify that to the best of my belief and knowledge the information furnished herein is a true statement of the Income, Assets, and Resources of the Applicant(s) listed below:

Name and Address of Applicant:

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X \_\_\_\_\_  
Signature of Authorized Person

**WAUCONDA TOWNSHIP GENERAL ASSISTANCE OFFICE**  
**Lincoln F. Knight , Supervisor**

505 W. Bonner Road  
Wauconda, IL 60084

Phone: (847) 526-2631  
Fax: (847) 526-0294

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**APPLICATION FOR EMERGENCY ASSISTANCE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_

**Emergency Assistance is financial assistance to alleviate a life-threatening circumstance or meet an expense which jeopardizes employment.** You can receive Emergency Assistance only once in any twelve (12) month period.

**YOU CANNOT BE ELIGIBLE FOR AND RECEIVE EMERGENCY ASSISTANCE AND GENERAL ASSISTANCE AT THE SAME TIME.** You may apply for either General Assistance, Emergency Assistance or both, however, you cannot be approved for both.

I am requesting emergency assistance on behalf of myself and the following people who reside with me.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTICE OF BENEFITS AVAILABLE UNDER THE EMERGENCY ASSISTANCE PROGRAM**

Emergency Assistance provides financial aid to alleviate a life-threatening circumstance or to assist in attaining self-sufficiency. Assistance up to the amount of the Township's payment level is disbursed by means of vendor payments, that is, a provider of goods and services is paid directly by the Township. Township personnel will tell you what the Township's payment level is. You may receive Emergency Assistance only once in any twelve (12) month period.

A life-threatening circumstance is a condition which poses a peril to health or well-being because of a need for or the jeopardizing of the availability of shelter, food utility service, medication, transportation or other necessity. If you are eligible, the Township will provide Emergency Assistance up to the amount of its payment level to alleviate a life-threatening circumstance involving a need for assistance for shelter, food, utility expenses, medication, transportation or other necessity.

Self-sufficiency means the financial capacity to pay work related expenses necessary to obtain or maintain employment. Work related expenses may include uniform or other required clothing costs and necessary safety equipment. If you are eligible, the Township will provide Emergency Assistance up to the amount of its payment level to assist you in paying expenses necessary for you to get or keep your job.

In addition to providing financial aid, the Township may also refer you to other agencies and programs or for other services to aid you in alleviating a life-threatening circumstance or assist you in attaining self-sufficiency.

I have read and understand the foregoing information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAUCONDA TOWNSHIP GENERAL ASSISTANCE OFFICE**

**Lincoln F. Knight , Supervisor**

505 W. Bonner Road  
Wauconda, IL 60084

Phone: (847) 526-2631  
Fax: (847) 526-0294

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**NOTICE OF RIGHTS AND RESPONSIBILITIES OF  
EMERGENCY ASSISTANCE APPLICANTS AND RECIPIENTS**

As an applicant for or recipient of Emergency Assistance you have certain rights and responsibilities.

**RIGHTS**

- You have a right to file a written application for Emergency Assistance and to be assisted in completing an application. You may obtain an application at the General Assistance Office or request one by telephone or mail.
- You have a right to voluntarily withdraw any application for Emergency Assistance you file.
- If the General Assistance Office has an Emergency Assistance Handbook, you have a right to read and ask questions about it.
- You have a right not to be discriminated against because of race, religion, color, sex, sexual preference, national origin, age, handicap status or political affiliation.
- You have a right to have the information you provide kept confidential unless disclosure is required to determine your eligibility or is otherwise required or permitted by law.
- You have a right to written notice of the benefits available under the Emergency Assistance Program.
- You have a right to be treated with respect and in a courteous and considerate manner. If you have not been treated this way, you have a right to complain to the Supervisor. Nothing can be done to you because you complain.
- You have a right to freedom of choice as to where you obtain the goods and services for which the General Assistance Office will pay, however, if the General Assistance Office has an arrangement with a specific vendor to provide goods and services the General Assistance Office may refuse to pay other vendors for such goods and services. In addition, the General Assistance Office has no control over whether any vendor will furnish you with goods and services in exchange for payment by the General Assistance Office.
- You have the right to ask questions about your application and inspect, in the presence of personnel of the General Assistance Office, your case file during regular office hours. You also have a right to request copies of what is contained in your case file. However, certain information may have been provided to the General Assistance Office on the condition that the information or its source would not be revealed to you or is privileged from such disclosure. In such cases the General Assistance Office has a right to remove such information from your case file before you see it, however, if that happens you will be told that information has been removed.
- You have a right to be referred to other agencies for benefits and for other programs which may assist you.
- A decision must be made on your application for Emergency Assistance within 30 days. You have a right to written notice of this decision. If your income or assets result in a denial of your application, you have a right to a written notice indicating how your income or assets make you ineligible for Emergency Assistance.
- You have a right to voluntarily repay any Emergency Assistance provided to you.

**(NEXT PAGE)**



**RESPONSIBILITIES**

- You must fill out a written application for Emergency Assistance which must contain, at the very least, your name, mailing address and signature. An application containing your name, mailing address and signature requires the General Assistance Office to make a decision on your application, however, an application with only this information would not provide sufficient information to approve your application.
- You must keep all scheduled appointments at the General Assistance Office.
- You must provide information needed for a determination of your eligibility for Emergency Assistance.
- You must assist the General Assistance Office in securing and verifying information needed for a determination of your eligibility for Emergency Assistance.
- You must consent to the release by other agencies and persons of information to the General Assistance Office necessary for a determination of your eligibility for Emergency Assistance. You must sign any consent required by the General Assistance Office to obtain necessary information.
- You must report to the General Assistance Office with 5 calendar days of occurrence any change in your circumstances, such as a change in income or the acquisition of property, which might affect your eligibility for Emergency Assistance.
- You must utilize all resources (e.g., relatives, food pantries, community and charitable organizations) which might help alleviate your present needs.
- You must apply for any benefit (e.g., unemployment compensation, worker's compensation, Food Stamps) which might help alleviate your present needs.
- You must accept and follow-up in good faith any referral by the General Assistance Office to any other agency.

**IF YOU FAIL OR REFUSE TO SATISFY ANY OF THESE RESPONSIBILITIES, YOUR APPLICATION FOR EMERGENCY ASSISTANCE MAY BE DENIED.**

I acknowledge receiving a copy of the foregoing Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients consisting of (2) pages this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_

**FOR USE OF GENERAL ASSISTANCE OFFICE ONLY**

Case Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Notice of Rights Given On: \_\_\_\_\_

Notice of Rights Given By: M. Garcia

**WAUCONDA TOWNSHIP GENERAL ASSISTANCE OFFICE**

**Lincoln F. Knight , Supervisor**

505 W. Bonner Road  
Wauconda, IL 60084

Phone: (847) 526-2631  
Fax: (847) 526-0294

**NOTICE OF BENEFITS AVAILABLE UNDER  
THE EMERGENCY ASSISTANCE PROGRAM**

**Emergency Assistance provides financial aid for two (2) purposes and two (2) purposes only: (1) to help alleviate a life-threatening circumstance, or (2) to help pay work related expense necessary to obtain or maintain employment.** A life-threatening circumstance is a condition which poses an imminent peril to health and safety because of a lack of or the jeopardizing of the availability of shelter, food, utility service, medication, transportation or other basic necessity. You may also receive Emergency Assistance to help pay for a work related expense, but only if payment of the expense is necessary for you to get or keep a job. In order to help you pay such expenses, the General Assistance Office may also refer you to other agencies or programs or for other services.

**You may receive Emergency Assistance only once in any twelve (12) month period.** Assistance up to the amount of the Payment Level is disbursed by means of disbursing orders (requests to a vendor to provide goods and services in return for payment by the General Assistance Office) or by the payment directly to a provider of goods and services. **You will not receive cash.** The personnel of the General Assistance Office will tell you what the appropriate Payment Level is for the size of your household.

You may receive Emergency Assistance even though you have applied for and been approved to receive monthly welfare assistance (such as Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), Refugee and Repatriate Assistance (RRA) or Supplemental Security Income (SSI)) as long as you have not yet begun to receive monthly payments of such assistance. However, if you have already begun receiving monthly payments of cash welfare assistance you cannot receive Emergency Assistance.

If you have any questions about Emergency Assistance or the program requirements or particulars, you should ask the personnel of the General Assistance Office. In addition, you may inspect the General Assistance Office's Emergency Assistance Handbook during regular office hours.

I acknowledge receipt of a copy of the foregoing Notice of Benefits Available under the Emergency Assistance Program this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_

**FOR USE OF GENERAL ASSISTANCE OFFICE ONLY**

Case Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Notice of Benefits Given On: \_\_\_\_\_

Notice of Benefits Given By: M. Garcia

Wauconda Township  
**CLIENT MONTHLY BUDGET ANALYSIS**  
(Prior 30 days of appointment)

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Fixed Expense</b>	<b>Monthly</b>	<b>Income Source</b>	<b>Monthly Amount</b>
Rent/Mortgage		Wages	
Gas/Electric		Food Stamps (LINK)	
Food		TANF Cash Grant	
Life Insurance		SSI/SSA/Disability	
Auto Insurance		Child Support	
Car Loan		Other (Specify)	
Clothing			
Telephone			
Child Care			
Car Expense (gas, etc.)			
Other Transportation		<b>Total Income</b>	
Toiletries			
Laundry		<b>Total Expense</b>	
Tobacco/Alcohol			
Entertainment		<b>Surplus or Deficit</b>	
Education			
Other (Specify)			
<b>Total Expense</b>			

**Notes:**

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## GENERAL & EMERGENCY ASSISTANCE APPLICATION REQUIRED DOCUMENTATION

IF APPLICABLE, YOU MUST APPLY AT THE FOLLOWING AGENCIES LISTED BELOW  
PRIOR TO MAKING YOUR APPOINTMENT AND MUST PROVIDE THE  
DOCUMENTATION FOR OUR RECORDS.

Illinois Department of Human Resources, 2000 N. Lewis Ave., Waukegan, IL

Phone: 847-336-5212

[www.abe.illinois.gov](http://www.abe.illinois.gov)

*Apply for Food Stamps/Medical/TANF/AABD*

Social Security Administration, 1930 N. Lewis Ave., Waukegan

Phone: 1-800-772-1213

[www.ssa.gov](http://www.ssa.gov)

*Apply for Social Security/Disability Benefits if you are of age and/or disabled and  
unable to work.*

Unemployment Benefits Office-McHenry County Workforce Network,

500 Russel Court, Woodstock, IL 60098

[www.ides.illinois.gov](http://www.ides.illinois.gov)

Phone: 815-338-7100 Ext. 2771

*Must be registered with IDES within the last 30 days of application date if you are  
unemployed and have no income and provide documentation with the application.*

Illinois Job Link

[www.illinoisjoblink.com](http://www.illinoisjoblink.com)

*Must register and create account for any possible means of employment and  
provide documentation with the application.*

***YOU MUST PROVIDE THE FOLLOWING DOCUMENTATION  
(IF APPLICABLE) AT YOUR SCHEDULED APPOINTMENT.***

- Lease, rent receipts and/or mortgage documentation for the past 30 days.
- Valid Driver's License or State ID for all persons 18 years of age or older.
- Citizenship papers.
- Birth certificates for each person listed on the application.
- Social security cards for each person listed on application.
- Proof of Income: social security benefits; pay stubs/printout from employer for the last 30 days worked for each person listed on application.
- Marriage license, death certificate, military service record and/or prison record.
- Illinois Department of Human Services. (Link/Medical/TANF/AABD)
- Check or award letter for social security, veteran's benefits, workers compensation, pensions, retirement benefits or other source of income.
- Unemployment benefits documentation.
- Bank accounts (checking, savings, etc.) statement of the 30 days prior.
- Titles and/or registration of all vehicles in your possession.
- Child support payments, divorce/separation papers (settlements, alimony, and civil union).
- Income tax return, credit union accounts, trust funds, safety deposit box information, other securities or bonds.
- Physician's statement (report of incapacity, determination of disability or verification of pregnancy)
- All utility bills for the household (current and final notices).

**FAILURE TO PROVIDE ALL OF THE REQUESTED INFORMATION CAN DELAY THE  
PROCESS/APPROVAL OF THE APPLICATION.**

**WAUCONDA TOWNSHIP GENERAL ASSISTANCE OFFICE**  
**Lincoln F. Knight , Supervisor**

505 W. Bonner Road  
Wauconda, IL 60084

Phone: (847) 526-2631  
Fax: (847) 526-0294

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**VERIFICATION REQUEST FORM**

**CLIENT:** \_\_\_\_\_

**In order to process your application, the following verifications are required:**

1. Bank Statements, Stocks, Bonds, Retirement Accounts, and Trust Funds
2. Birth Certificates for all household members
3. Child Support Order
4. Completed, signed application
5. Drivers License/Photo ID with Current Address
6. Medical Insurance Card or current Medicaid Card
7. Proof of all income for the last 30 days, including paystubs, Child Support, Social Security, Pensions, gifts from friends/relatives, etc
8. Rent Receipt, Lease, Sec 8, Notarized letter from landlord or proof of Mortgage
9. Social Security Card
10. Utility Bills
11. Verification of Application for Social Security
12. Verification of Public Aid
13. Verification of Unemployment Compensation
14. IF APPLICABLE , MUST PROVIDE DOCUMENTATION FOR ALL LISTED ABOVE.

Issued By: M. Garcia Date: \_\_\_\_\_

## **REFERRALS FOR ADDITIONAL PROGRAMS/ASSISTANCE**

PLEASE CONTACT THE SERVICES LISTED BELOW FOR ADDITIONAL RENTAL OR UTILITY ASSISTANCE.

- **TRANSFIGURATION CHURCH-SAINT VINCENT DE PAUL**  
316 MILL STREET  
WAUCONDA, IL 60084  
PHONE: 847-526-2400  
(RENTAL/UTILITIES/MISC.)
  
- **COMMUNITY PARTNERS FOR AFFORDABLE HOUSING**  
800 S. MILWAUKEE AVENUE SUITE #201  
LIBERTYVILLE, IL 60048  
PHONE: 847-263-7478  
(RENTAL)
  
- **COMMUNITY ACTION PARTNERSHIP OF LAKE COUNTY**  
PHONE: 847-249-4330  
LIHEAP-LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
(COMED/NICOR/RENTAL)
  
- **CATHOLIC CHARITIES**  
PHONE: 847-782-4100  
(RENTAL/UTILITIES/MISC.)