



APPLICATION FOR GENERAL ASSISTANCE

City or Township: WAUCONDA TOWNSHIP

Date Issued: _____

Date Returned: _____

County: LAKE

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: _____

WAUCONDA TOWNSHIP GENERAL ASSISTANCE OFFICE
Glenn L. Swanson, Supervisor

505 W. Bonner Road
Wauconda, IL 60084

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

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: _____

APPLICATION FOR ASSISTANCE

TOWNSHIP: WAUCONDA

COUNTY: LAKE

Please use ink or a typewriter and fill in every space.

If you are filling out by hand, please print clearly.

NAME: _____

I. ASSISTANCE REQUESTED

I am applying for (you may apply for one or both types of assistance; please read explanation below first):

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.

YOU CANNOT BE ELIGIBLE FOR AND RECEIVE EMERGENCY ASSISTANCE & 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 the assistance I have indicated above on behalf of myself and the following people who reside with me:

Name:

Age:

Date of Birth:

Relationship:

II. REASON FOR APPLYING FOR ASSISTANCE:

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

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

III. GENERAL INFORMATION:

1. Full Name: _____
First Middle Initial Last

2. Present Address: _____
Street Address Apt # City, State, Zip Code

3. Telephone #: _____

4. Social Security #: _____

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>
-------------	------------	-------------------------	---------------------

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

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 Telephone #

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 Telephone # Dates of Employment Reason for leaving

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

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:

X _____
Signature of Authorized Person



Wauconda Township

Contact Person: Melissa Garcia
Phone: 847-526-2653
E-mail: Mgarcia@waucondatownship.com

Client Monthly Budget Analysis (Prior 30 days of appointment)

Client's Name: _____

Date: _____

Fixed Expense	Monthly	Income Source	Monthly Amount
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		Total Income	
Toiletries			
Laundry		Total Expense	
Tobacco/Alcohol			
Entertainment		Surplus or Deficit	
Education			
Other (Specify)			
Total Expense			

Notes:

**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, Veterans 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.**