

## Information Needed For

### General Assistance and Emergency Assistance Programs

- Valid Driver's License or State ID – Picture ID
- Social Security Cards for all persons listed on application
- Birth Certificates for all persons listed on application
- Medical Cards for all persons on application
- Citizenship Papers
- Marriage License, Death Certificate
- Divorce / Separation Papers including (settlements, alimony, child support payments, etc.)
- Military Service Record
- Prison Record
- Lease, Rent receipts and / or mortgage payments for the past 6 months, tax bill
- Current Checking and Savings Bank Statements. If you do not have a bank. Receipts or money orders that you use to pay your bills. If you use a bank card a statement or printout from website.
- Credit Union Accounts, trust funds, safety deposit box information, other securities or bonds
- Pay Stubs for the past 30 days, records of all other income for all persons on application
- Unemployment Compensation documentation
- Most recent Tax Return
- Documentation from the Illinois Department of Human Services or Social Security Administration if you are receiving assistance from them.
- Check or award letter for all other income including, Social Security, Veterans Benefits, Worker's Compensation, Retirement Benefits. Or any other income.
- Illinois Department of Human Services award letters / records for TANF, SNAP, AABD, Medicaid
- Titles or Registration for ALL vehicles in your possession, including Motorcycles, Boats, ATV's
- All Utility bills for the household, current and final notices
- Physician's statement stating your medical condition. Report of incapacity,, determination of disability. Proof that you have applied for either SSI or SSDI
- Provide documentation of expenditures for the past 30 days which put you in financial trouble.

TOM SHAUGHNESSY  
Supervisor  
(847) 395-3378

## ANTIOCH TOWNSHIP

P.O. Box 658  
Antioch, Illinois 60002

Fax: (847) 395-0367  
[www.antiochtownshipil.gov](http://www.antiochtownshipil.gov)

Trustees

JUDITH DAVIS

STEVE TURNER

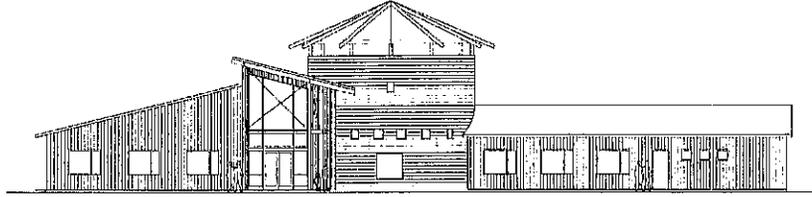
PETER GRANT

KRIS SHEPARD

HEATHER KUFALK-MAROTTA  
Assessor  
(847) 395-1545

ERIC RING  
Highway Commissioner  
(847) 395-2070

ANITA MERKEL-DYER  
Town Clerk  
(847) 395-3378



**Prior to your appointment for General Assistance, you must make applications (if applicable) to the following agencies.**

- DHS Family Community Resource Center 2000 N Lewis Ave Waukegan, IL 60087 847-336-5212 [www.dhs.state.il.us](http://www.dhs.state.il.us)  
Apply for TANF, SNAP, Medical and/or AABD
- Social Security Administration 1930 Lewis Ave, Waukegan, IL 60087  
800-772-1213 [www.ssa.gov](http://www.ssa.gov)
- Illinois Department of Employment Security One North Genesee St Waukegan IL 60085 [www.ides.illinois.gov](http://www.ides.illinois.gov)
- Human Resources Solution [www.illinoisjoblink.illinois.gov](http://www.illinoisjoblink.illinois.gov)



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



Antioch Township  
P.O. Box 658  
Antioch, IL 60002  
847.395.3378

LANDLORD / OWNER STATEMENT

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

Tenant's Name: \_\_\_\_\_

Tenant's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tenant's home phone #: \_\_\_\_\_ work: \_\_\_\_\_

Amount of one month's rent: \_\_\_\_\_

Amount currently due for rent: \_\_\_\_\_

Are utilities included? \_\_\_\_\_

I/We will accept \$ \_\_\_\_\_ for tenant to remain in the house/apartment/room.  
I/We further understand that if the amount accepted is less than the amount in  
arrears, that a payment plan has been worked out for the tenant.

Landlord / Owner's name: \_\_\_\_\_

Landlord / Owner's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Landlord / Owner's social security number: \_\_\_\_\_  
(required for IRS form 1099)

By signing below, I certify that all information on this form is true and accurate to the  
best of my knowledge.

\_\_\_\_\_  
Landlord / Owner's Signature

\_\_\_\_\_  
Date