



Alyson M. Feiger
SUPERVISOR

GENERAL AND EMERGENCY ASSISTANCE APPLICATION

Please fill out application and all forms and sign.

When returning this application, please bring the following documents with you:

1. Driver's license or State ID card
2. Utility bills
3. Copy of rental lease or mortgage payment
4. Paycheck stubs for every member of the family for the last 30 days
5. Public Aid applications/Medicaid card/Link card
6. Social Security applications
7. Copy of your most recent bank statements; savings and checking
8. Copy of last year's Income Tax return
9. Birth certificates for all family members
10. Legal Resident card/Green card
11. Social Security cards for each member of the family

Please call 847-945-0614 for an appointment with Alyson Miller Feiger, Township Supervisor.

Signature _____

Home Phone _____

Work Phone _____ Alternate Phone _____

OFFICE USE ONLY: Intake date _____ Approval Date _____



Alyson M. Feiger
SUPERVISOR

CONSENT TO RELEASE OF INFORMATION

I hereby authorize Illinois Department of Human Services, Illinois Department of Employment Services, Lake County Housing, Department of Social Security, or

to release any and all information to Alyson Miller Feiger, West Deerfield Township Supervisor, and General Assistance Administrator, which is deemed necessary to complete the investigation of my application to receive General Assistance from West Deerfield Township. I further authorize to transmit by any method, including U.S. Postal Service, fax and internet copies of such documents as may be requested by the aforesaid Supervisor and GAO personnel.

Dated _____

Applicant's signature _____

Address _____

Phone _____

Social Security Number _____



APPLICATION FOR GENERAL ASSISTANCE

City or Township: _____

Date Issued: _____

Date Returned: _____

County: _____

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		



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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: _____

Household Monthly Budget Analysis

Applicants Name _____ DATE _____

FIXED EXPENSE	MONTHLY	INCOME SOURCE	MONTHLY AMOUNT
Rent/Mortgage		Wages	
Gas		Food Stamps	
Electric		TANF (Cash Assistance)	
Water		SSI	
Cable		SSDI	
Telephone		Child Support	
Life Insurance		Relatives	
Food		Other	
Auto Insurance		Other	
Car Loan			
Child Care			
Transportation (Gas etc)		TOTAL INCOME	
Toiletries			
Laundry			
Entertainment			
Hairdresser/Barber			
Education			
Tobacco/Alcohol		Total Income:	
Clothing		Total Expense:	
		Surplus/Deficit:	
TOTAL EXPENSE			

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

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 a 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 24 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 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 (PRA) 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 Offices 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 _____ 2 _____.

Applicant