

## **Emergency Assistance Application Packet**

*This packet includes the following:*

- Client Checklist for Emergency Assistance
- Application
- Monthly Household Income & Expense Worksheet
- Community Action Personal Information Form - will complete in office

### **Steps to apply for Emergency Assistance**

*Once an application has been picked up from Zion Township:*

1. Complete application
2. Fill out *Monthly Household Income & Expense Worksheet*
3. Sign all 3 Release of Information forms
4. Come to your appointment on time
  - a. Provide all documents listed on *Client Checklist for Emergency Assistance*

All applications are reviewed and final approval is made after client's attendance to budget session.

Note: Having an appointment with a Zion Township Case Manager does not guarantee an approval. Your application will be review and a determination will be made only after the review.



# ZION TOWNSHIP

LEADERSHIP • ADVOCACY • RESOURCES

Cheri L. Neal - Supervisor

## Client Checklist for Emergency Assistance Program

You **must** bring the following to your appointment:

- Completed Application
- Current Picture ID Card (for Applicant and Spouse, if applicable)
- Social Security Card (for all members of household)
- DHS Medical Card (if applicable)
- SNAP award letter (if applicable)
- All utility and other bills
- Birth Certificate for proof of Citizenship if not born in US (or Naturalization cert. or 5-year alien card)
- Mortgage Statement or Lease with Landlord Contact Information to prove Zion Residency
- Housing assistance verification (if applicable)
- Most recent bank statements for all checking and savings accounts
- Proof of hardship (reason why you are unable to pay rent/utility)**
- Proof of Income (all records of income)
  - \_\_\_ Employment (Last 90 days of paycheck stubs, print-outs or direct deposit slip)
  - \_\_\_ Unemployment award letter or direct deposit slip
  - \_\_\_ Statement for Direct Deposit Debit Card
  - \_\_\_ SSDI or SSA award letter/statement
  - \_\_\_ Verification of child support
- Receipt for payments to bills in excess of Zion Township assistance amount

*Clients at risk of eviction:*

- 5-day Eviction Notice

*Clients at risk of disconnection:*

- Disconnection Notice (for one of utilities listed below)
  - \_\_\_ Gas      \_\_\_ Electric      \_\_\_ Water

**Appointment Date and Time:** \_\_\_\_\_ @ \_\_\_\_\_ a.m./p.m.

**Emergency Assistance and Budget session appointments must be honored**

**Late clients may be required to reschedule their appointment**

**If you need to reschedule your appointment, please call 15 minutes prior to your appointment time.**

**847-872-2811**



# ZION TOWNSHIP

LEADERSHIP • ADVOCACY • RESOURCES

*Cheri L. Neal - Supervisor*

## CASE MANAGEMENT

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

Referred by: \_\_\_\_\_

Please explain your hardship:

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What have you done to try to resolve the emergency? How will our assistance help?

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What is your plan for future emergencies?

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# APPLICATION FOR EMERGENCY 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

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 EMERGENCY 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 EMERGENCY 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 EMERGENCY 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 Emergency 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 Emergency 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 Emergency 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 Emergency 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 Emergency 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 \_\_\_\_\_ Date: \_\_\_\_\_ Spouse \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

I hereby make Application for Emergency 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: \_\_\_\_\_

# Zion Township

## Monthly Household Income & Expense Worksheet

*List your monthly household expenses and income as applicable. Do not include charitable or voluntary (retirement) donations. Your Case Manager will help as needed.*

MONTHLY HOUSEHOLD LIVING EXPENSES	TOTAL
<b>Housing</b> (mortgage, rent, monthly property tax, homeowner/renters insurance, dues and fees related to housing)	\$
<b>Food</b> (that you pay for, not SNAP benefits and miscellaneous household supplies such as: cleaning, laundry and personal care products)	\$
<b>Gas Utility</b> (average monthly expense)	\$
<b>Electric Utility</b> (average monthly expense)	\$
<b>Water/Garbage Utility</b> (quarterly total charge, divided by 3 for monthly)	\$
<b>Sewer Utility</b> (quarterly total charge, divided by 3 for monthly)	\$
<b>Telephone Utility</b> (total of monthly home and cell service expense)	\$
<b>Transportation</b> (total of loan/lease expense, vehicle insurance, gas, public transportation cost, parking and tolls for the month)	\$
<b>Health Care</b>	\$
<b>Dependent Care/Child Care</b>	\$
<b>Credit Card Payment</b>	\$
<b>Other Debts/loans</b> (student loans, etc.)	\$
<b>Other expenses</b> (please specify)	\$
<b>Total Monthly Household Living Expense</b>	\$

MONTHLY HOUSEHOLD INCOME	TOTAL
<b>Net income from paycheck</b>	\$
<b>Unemployment monthly benefit</b>	\$
<b>Social Security Administration monthly check</b>	\$
<b>Social Security Disability Insurance monthly check</b>	\$
<b>Child Support/Alimony</b>	\$
<b>Sponsor/Responsible person monthly payment</b>	\$
<b>Cash Assistance (including TANF) monthly payment</b>	\$
<b>Other:</b> (please specify)	\$
<b>Total Monthly Household Income</b>	\$

CASH ON HAND	TOTAL
<b>Today's bank balance (minus outstanding checks)</b>	\$
<b>Actual cash</b>	\$
<b>Total Cash on Hand</b>	\$

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR CASE MANAGER USE ONLY:**

**Total Income \$** \_\_\_\_\_ **+ Total Cash on Hand \$** \_\_\_\_\_ **= \$** \_\_\_\_\_

**Total from last line \$** \_\_\_\_\_ **- Total Expenses \$** \_\_\_\_\_ **= \$** \_\_\_\_\_