

PEORIA TOWNSHIP RELIEF QUESTIONNAIRE

**RETURN MON.- FRI.BETWEEN
9-11 OR 1:30-3:30
CLOSED 11:30-1:30**

NAME (PRINT): _____ DOB: _____

ADDRESS: _____
Street City Zip PHONE #

1. Please circle marital status: Single Married Separated Divorced Widowed
If married, does your spouse have income? YES NO If yes, what kind? _____

2. Do you have legal custody of any children under the age of 18? YES NO

3. ***Female*** applicants: Are you pregnant? YES NO

4. Is your home: OWNED RENTED SUBSIDIZED STAYING WITH FAMILY/FRIEND
(Rent/Subsidized only) Is the lease in your name? YES NO

5. Are the utility bills in your name? YES NO Do you receive a utility check? YES NO

6. Are you employed? YES NO If yes, how many hours per week? _____

7. If you are unemployed: Are you able to work? YES NO If no, why not? _____

If yes, have you filed for Unemployment Benefits? NO FILED/RECEIVED FILED/DENIED

8. Do you receive any of the following income or funds: (**Check all that apply**)

_____ Supplemental Security Income (SSI)	_____ Social Security Disability (SSDI)
_____ Unemployment	_____ Child Support
_____ Pension	_____ Food Stamps/SNAP
_____ Temp. Assistance for Needy Families (TANF)	_____ OTHER

9. Do you have a Cash Card/Cash Card Account in your name? YES NO

10. If you have applied for Social Security (SSI or SSDI), what is your status? Pending Denied Appealing

11. Have you ever received Social Security payments before? YES NO

12. Have you ever been convicted of a Class X or Class 1 DRUG FELONY? YES NO

13. Are you currently on parole or probation for any offense? YES NO

14. Are you seeking any court settlements/ lawsuits pending? YES NO

15. Have you ever applied at our office before? YES NO If yes, when? _____

I have double checked that all questions have been answered and all answers are true.

Signature of Applicant: _____ Date: _____

**TOWN OF THE CITY OF PEORIA
GENERAL ASSISTANCE OFFICE**

Application Hours:
8:30-11:00AM
1:00-3:30PM
Monday thru Friday

APPLICATION FOR GENERAL ASSISTANCE

Date Issued: _____
Date Returned: _____

1. General Information

Last Name: _____ Phone: _____

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 [or the minor child(ren) over whom I have guardianship]

Name			Date of Birth	Birthplace	Relationship	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?

TOWN OF THE CITY OF PEORIA GENERAL ASSISTANCE OFFICE

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: Do you have current or previous military service? Yes No

Date of Enlistment: _____ Date of Discharge: _____ Serial Number: _____

Receive adjusted Compensation

Do not receive Compensation

Receive pension or other income from such service

Do not receive pension or other income from such service

Past Employment: List last THREE employers

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

Present Income and Other Financial Information: 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		
LINK			Other		

TOWN OF THE CITY OF PEORIA GENERAL ASSISTANCE OFFICE

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

Account Holder	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

Safety Deposit Boxes Held

Account Holder	Location of Box	Contents

Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held

Owned By	Description	Present Sale Value

Real Estate Owned, in Whole or Part

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

Vehicles and Farm Equipment Owned

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

TOWN OF THE CITY OF PEORIA GENERAL ASSISTANCE OFFICE

APPLICATION FOR GENERAL ASSISTANCE

Life Insurance Policies, Current or Lapsed, Held

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

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 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: _____



Serving the People where they live.

TOWN OF THE CITY OF PEORIA, ILLINOIS

REQUEST FOR CONTROLLED SUBSTANCE/CONTROLLED CANNABIS HISTORY INFORMATION

Under Illinois law, the above named General Assistance office, requires criminal history information about a person to determine eligibility for benefits. Please complete this form in its entirety and return to the General Assistance office. Failure to provide information or not complete this form in any way may result in denial or termination.

1. Have you ever been convicted of a **Class X** or **Class 1** felony under the Illinois Controlled Substance Act or the Illinois Cannabis Control Act or and other comparable criminal law?

YES ___ NO ___

If you marked YES please answer the following questions:

Date of Conviction: _____

Date of Release: _____

County felony occurred in: _____

Charges convicted of: _____

2. Have you ever been convicted of a drug felony under the Illinois Controlled Substance or Illinois Cannabis Control Acts **other than** a Class X / Class 1 felony, or any comparable federal criminal law?

YES ___ NO ___

If you, marked YES please answer the following:

Date of Conviction: _____

County felony occurred in: _____

Charges convicted of: _____

3. I am currently on:

Parole ___ Probation ___

4. Are you in violation of parole or probation?

Yes ___ NO ___

NAME _____ DATE _____

SOCIAL SECURITY # _____ D.O.B _____

SIGNATURE _____

