



# APPLICATION FOR GENERAL ASSISTANCE

1 (Permanent)

**CITY OF BLOOMINGTON TOWNSHIP OF MCLEAN COUNTY**

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

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

Information required applies to THE HEAD OF THE FAMILY AND ALL DEPENDENTS FOR WHOM THE APPLICATION IS MADE.

**1. GENERAL INFORMATION:**

Applicant's First, Middle, & Last Name: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_

Spouse's First, Middle, & Last Name: \_\_\_\_\_ Spouse's Phone: \_\_\_\_\_

Other Names or Spellings for applicant or spouse: \_\_\_\_\_

Current Address: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Current City, zip: \_\_\_\_\_ Monthly Rent \$\$: \_\_\_\_\_

Previous three addresses (include CITY and STATE) of APPLICANT:

Address 1: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Address 2: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Address 3: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

**My family and I have lived in the this Township since the approximate date of \_\_\_\_\_, in McLean County since the approximate date of \_\_\_\_\_, and in the state of Illinois since the approximate date of \_\_\_\_\_.**

**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	IL Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	MM	DD	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 (PLEASE LIST ALL NAMES OR WRITE 'NONE' IF NO ADDITIONAL INDIVIDUAL(S)).**

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

1 (Permanent)

### 3. PERSONAL AND OCCUPATIONAL INFORMATION

**Marital Status:**  Married  Single  Widowed  Divorced  Separated  Deserted

If married, dated of marriage: \_\_\_ / \_\_\_ / \_\_\_\_\_ Location of Marriage: \_\_\_\_\_

If separated, reason for separation: \_\_\_\_\_

The present address of my spouse, WITH WHOM I AM NOT LIVING, is: \_\_\_\_\_

**Child Support:** Is there a court order for child support?  Yes  No

**Living Arrangement:**  Rent  Own  Homeless

If rent, Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Related to Landlord:  Yes  No If related, relationship to Landlord: \_\_\_\_\_

**Military Service:** Does any live-in member of your family have current or previous military service?  Yes  No

If 'Yes', name of family member who has current or previous military service: \_\_\_\_\_

Date Enlisted: \_\_\_ / \_\_\_ / \_\_\_ Date Discharged: \_\_\_ / \_\_\_ / \_\_\_ Serial Number: \_\_\_\_\_

If 'Yes', check status of income from the Military for family member:

- 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. (PLEASE LIST ALL NAMES OR WRITE 'NONE' IF NO ADDITIONAL INDIVIDUALS)**

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

**PRESENT INCOME AND OTHER FINANCIAL INFORMATION: (PLEASE LIST ALL EMPLOYERS OR WRITE 'NONE' IF NO ADDITIONAL INCOME 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: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO ADDITIONAL ASSISTANCE)**

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			SNAP		
General Assistance			Other		



# APPLICATION FOR GENERAL ASSISTANCE

1 (Permanent)

**OTHER CASH RESOURCES: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO ADDITIONAL CASH RESOURCE(S))**

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: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO BANK ACCOUNT(S))**

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: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO SAFETY DEPOSIT BOX)**

Family Member Holding Box	Location of Box	Contents

**PERSONAL PROPERTY (I.E., SECURITIES, STOCKS, BONDS, JEWELRY, LIVESTOCK, ETC.) HELD BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO PERSONAL PROPERTY)**

Owned By	Description	Present Sale Value

**REAL ESTATE OWNED, IN WHOLE OR PART, BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO REAL ESTATE)**

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: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO VEHICLES OR FARM EQUIPMENT)**

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



# APPLICATION FOR GENERAL ASSISTANCE

1 (Permanent)

**LIFE INSURANCE POLICIES, CURRENT OR LAPSED, HELD BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO ADDITIONAL LIFE INSURANCE POLICIES)**

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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's 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's Signature: \_\_\_\_\_

Applicant Representative's Signature: \_\_\_\_\_

Applicant Representative Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_