

TOWN OF THE CITY OF GALESBURG GENERAL ASSISTANCE OFFICE

Christine Winick, Supervisor

121 W Tompkins Street  
Galesburg, IL 61401

Phone: (309) 343-9059

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**APPLICATION FOR GENERAL ASSISTANCE**

APPOINTMENT TIME

**PRIMARY CONTACT INFORMATION**

Applicant Full Name: \_\_\_\_\_  Adult

Other Names or Spellings: \_\_\_\_\_ SSN: \_\_\_\_\_

IDES Reg #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Application Date: \_\_\_\_\_ Case ID #: \_\_\_\_\_

Need for Assistance: \_\_\_\_\_

**PRESENT ADDRESS INFORMATION**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ Address 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Moved In: \_\_\_\_\_ in Township Since: \_\_\_\_\_ in County Since: \_\_\_\_\_ in State Since: \_\_\_\_\_

Residence Status: \_\_\_\_\_ Amt/Mo: \_\_\_\_\_ Landlord: \_\_\_\_\_

Relation of Landlord: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

**PREVIOUS ADDRESS INFORMATION**

Address	City	State	Zip	Date Moved In

**MARITAL STATUS** (single, married, separated, divorced, domestic partner)

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_

Married On: \_\_\_\_\_ Location of Marriage: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_ Spouse Address: \_\_\_\_\_

**ASSISTANCE UNIT MEMBERS** (yourself)

Full Name	Birth Date	Birth Place	Relationship	Social Security Number
			SELF	

**OTHERS WHO RESIDE THERE** (those who live with you, but you are not asking for help for)

Name	Age	Relationship	Means of Support	Monthly \$\$ They Pay for Their Expenses

**MILITARY INFORMATION** (have you or your father/mother ever served in the military?)

Family Member	Branch	Serial #	Enlisted	Discharged	Recv Comp?	Recv Pension?

**PRESENT EARNED INCOME INFORMATION** (Are you working? Self-employed? Odd jobs?)

Person Receiving	Source	Employer or Description of Resource	Monthly Amount
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**PUBLIC ASSISTANCE AND RELATED PUBLIC BENEFITS** (SNAP, TANF, AABD, SSI)

Person Receiving	Source	Amount
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**PRESENT UNEARNED INCOME INFORMATION** (tax refunds, gifts from friends/relatives, unemployment, pension, SSDI, SS)

Person Receiving	Source	Description of Resource	Monthly Amount
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**PRESENT ASSET INFORMATION** (vehicles, real estate, farm equipment, jewelry, stocks, bonds, collectibles)

Person Receiving	Source	Description of Resource	Amount
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**MEDICAL INSURANCE BENEFIT INFORMATION**

Name of Company	Type of Coverage	Annual Premium
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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: \_\_\_\_\_

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**VERIFICATION REQUEST FORM**

**CLIENT:** \_\_\_\_\_

**In order to process your application, the following verifications are required:**

1. You are welcome to email any of these documents to: [jhaugland@ci.galesburg.il.us](mailto:jhaugland@ci.galesburg.il.us)
2. Application - Completed & Signed
3. Bank Accounts: print-out showing last 30 days of activity for every account you have...even if negative or 0 balance.
4. DHS/TANF/Public Aid - verification of pending or denied application
5. Drivers License/Photo ID (not expired)
6. INCOME - All income for the last 30 days must be reported including: Paystubs, Unemployment Compensation, Child Support, Social Security, Pensions, gifts from friends/relatives, etc
7. LIHEAP - Verification of Sign Up/Receipt of Funds
8. Medicaid Card - or other current Medical Insurance
9. SNAP Card
10. Social Security Card
11. Statements from all Stocks, Bonds, Retirement (if you do not have any, then not necessary)

Issued By: J. Haugland Date: \_\_\_\_\_