
INSTRUCTION TO CLIENT

Date: _____ Applicant Name: _____

Street Address: _____

Phone Number: _____ Email: _____

The following checked items must be returned to this office so that your application can be processed.

- Completed and signed application.

Copies of:

- Driver's License copy
- Social Security card of everyone listed on the application.
- Proof of marriage and/or divorce (optional)
- Proof of age such as "Birth Certificate"
- Proof of residence, such as rent receipts, utility bills, or statement from landlord.
- Pay stubs for the last 30 days.
- Proof of pension payments and/or disability benefits such as Social Security checks, SSI, Veteran's Benefits, and Worker's Compensation.
- All records of other income such as rental income, **MUST BE INCLUDED ON THE INCOME REPORT.**
- Proof of ownership of real estate property including deeds, tax bills, or mortgage.
- Verification of ownership of vehicle(s) and amount owed on it.
- Prior applying for GA you must file for unemployment benefits at the Employment Security Office, 406 Elm Street St #1, Peoria IL, 61605. Phone: (309) 671-3113.

Please note that we are able to make copies of all the documents at the Limestone Township Hall located at 1501 W Garfield Ave., or pictures of the above-mentioned documents could be emailed to LTgeneralassist@outlook.com Please make sure to include your address in the subject line if emailed.

If you have any questions concerning the above-mentioned requirements, you may contact the Limestone Township office at (309) 697-3523.



APPLICATION FOR GENERAL ASSISTANCE

1 (Permanent)

LIMESTONE TOWNSHIP OF PEORIA 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 Peoria 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 _____



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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		



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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



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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: _____

TOWNSHIP ORIENTATION QUESTIONNAIRE

NAME (printed): _____ DATE OF BIRTH: ___/___/___
STREET ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____ EMAIL: _____

1. Please **CIRCLE** your marital status: SINGLE MARRIED SEPARATED DIVORCED WIDOWED
IF MARRIED, is your spouse working? YES / NO
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. Have you served in the military? YES / NO
5. Are you employed? YES / NO
 - ❖ If **YES**, you **ARE** employed:
How many hours do you work **per week**? _____
Are you on Leave of Absence (LOA)? YES / NO
IF YES for LOA, why? _____
 - ❖ If **NO**, you are **NOT** employed:
Are you able to work? YES / NO
IF **YES**, when did you last work? ___/___/___
IF **NO**, why are you unable to work? _____
6. What other benefits apply to you (check all that apply):
 Supplemental Security Income (SSI) Unemployment Child Support
 Social Security Disability Income (SSDI) Self-Employment
 Temp. Assistance for Needy Families (TANF) Pension
7. What is your status for applying for Social Security? DID NOT APPLY / PENDING / DENIED
8. Are you receiving assistance from Section 8? YES / NO
9. Are you currently on Parole or Probation for ANY offense? YES / NO
10. Have you been convicted of a Class X or 1 drug felony after August 21, 1996? YES / NO
11. Are you currently attending school, college or other training program? YES / NO
12. Have you ever applied with ANY Township office before? YES / NO
IF YES, when? ___/___/___ Which Township? _____
13. Have you ever received EMERGENCY ASSISTANCE from ANY Township? YES / NO
IF YES, when? ___/___/___ Which Township? _____

SPECIFY IN DETAIL REASON FOR SEEKING ASSISTANCE FROM TOWNSHIP (i.e. COVID-19, Car problems, injury, etc.):

I CONFIRM THAT MY ANSWERS TO THE ABOVE QUESTIONS ARE TRUE

Signature of applicant: _____ Date: ___/___/___

Township Required Input (i.e. Potential GA or EA, direct quotes from client, etc): _____

LIMESTONE TOWNSHIP
1501 W Garfield Ave Bartonville, IL 61607
Phone: 309-697-3523 ~ Fax: 309-697-1724
Email: Ltwp-supervisor@gmail.com

LANDLORD STATEMENT TO VERIFY RESIDENCY

*This form MUST be completed **ONLY** by the Landlord, Property Owner, or Manager of the property.
The information will be verified prior to the applicant's interview.*

TENANT/RESIDENT NAME: _____

ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP CODE: _____

RESIDENCE TYPE (check one): MOBILE HOME _____ HOUSE _____ ROOM ONLY _____ APARTMENT _____

RESIDENCE COST: RENT AMOUNT \$ _____ DEPOSIT \$ _____ MORTGAGE \$ _____ LOT RENT \$ _____

OTHER: IS THIS RENT SUBSIDIZED BY A FEDERAL OR STATE PROGRAM (circle one)? YES / NO

OCCUPANCY DATE: _____ TOTAL PAYMENT OWED: _____

PROPERTY OWNER INFORMATION

OWNER NAME: _____

OWNER ADDRESS (AS INDICATED ON W9): _____

CITY/STATE/ZIP: _____

OFFICE #: _____ CELL PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

PROPERTY OWNER SIGNATURE: _____ DATE: ____/____/____

[PLEASE ATTACH PROOF OF OWNERSHIP IF YOU ARE NOT THE REGISTERED OWNER ON THE CITY ASSESSOR'S DATABASE]

MANAGER / MANAGEMENT INFORMATION

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AGENT NAME: _____ EMAIL ADDRESS: _____

OFFICE #: _____ CELL PHONE #: _____ FAX #: _____

[PLEASE PROVIDE A SIGNATURE OF THE PERSON AUTHORIZED TO COMPLETE THIS FORM AND ACCEPT PAYMENT(S) OF RENT ON BEHALF OF THE OWNER]

MANAGER / AGENT SIGNATURE: _____ DATE: ____/____/____

IF THE TENANT IS FOUND ELIGIBLE FOR GENERAL ASSISTANCE AND IS REQUESTING RENT ASSISTANCE, THE TOWNSHIP WILL ISSUE A "RENTAL AGREEMENT FORM" TO BE SIGNED BY THE LANDLORD (FOR THE FIRST MONTH ONLY). THE RENT CHECK IS THEN SENT TO THE LANDLORD, AND WILL CONTINUE THEREAFTER UPON THE TENANT'S ELIGIBILITY, AND HIS/HER SPECIFIED FOR ASSISTANCE.

IN OFFICE USE ONLY

Vendor Name: _____ Vendor #: _____ W-9 on file: Y / N Authorized by: _____

How to obtain proof of SNAP benefits and Medicaid benefits:

CONTACT:

Illinois Department of Human Services (IDHS):

www.dhs.state.il.us OR abe.illinois.gov through the
Manage My Case Portal

IDHS Call Center: 1-800-843-6154

In the case of an Emergency: 217-223-0550

Documents and Verification forms can be mailed to:

Central Scan Unit

P.O. Box 19138

Springfield, IL 62794-9138

*This information can only be obtained by the person(s) applying, the staff of Limestone
Township cannot contact these agencies on your behalf*

LIMESTONE TOWNSHIP
1501 W Garfield Ave Bartonville, IL 61607
Phone: 309-697-3523 ~ Fax: 309-697-1724
Email: Ltwpervisor@gmail.com

EMPLOYMENT VERIFICATION

The following information is required to help determine eligibility for General Assistance for myself and /or the members of my household. My authorization is granted for the release of employment information as follows:

Name (Please Print) _____ Date of Birth ____/____/____

Employee Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER ONLY

Employer/Company _____

Employer Address _____ Phone _____

City/State/Zipcode _____

Date Hired/Start of Employment _____ Date of First Check Issued _____

Gross Amount of First Check _____ Current Hourly Wage _____

Number of Hours Working Per Week _____ On Call _____ Varied _____

Please Circle: **Paid Weekly** **Paid Every Two Weeks** **Paid Monthly** **Other**

- Is Employee Paid by Direct Deposit? **Yes ~ No**

- If Yes, Name of Bank: _____

- Has Employee Experienced a Break in Income? **Yes ~ No**

- Reason for leave _____

- If Yes, List Dates of Break _____

- Date of last check _____ Gross amount _____

Employer Signature _____ Date _____

Self-Employment Monthly Income Record

(please print or type)

Name: _____

Month: _____, 20_____

Type of Business: _____

Business Address: _____

Because you are self-employed you must report all of your self-employment income and expenses to the General Assistance Office (GAO) in order for it to determine your eligibility for General Assistance (GA). You must provide the GAO with complete and accurate records of the money you take in and the business expenses you pay out. Indicate every business expense, to whom paid, the purpose and the amount. Save all of your receipts relating to business expenses because such expenses must be verified. Depreciation and other non-out-of-pocket expenses and expenses not related to generating income, such as personal expenses, are not allowable business expenses.

You are required to complete this form for every calendar month and submit it to the General Assistance Office.

A. Itemization of gross receipts or sales (money you made)

Date	Income	Amount

Gross receipts or sales: \$ _____

B. Itemization of expenses (expenses you incurred)

Date	Income	Purpose	Amount

Gross expenses: \$ _____

C. Net income for _____, 20_____

Gross receipts or sales: _____

Minus gross expenses: _____

Net income: _____

I certify and declare under penalties of perjury that the information I have provided is a complete and accurate disclosure of the requested information.

Signature: _____

Date: _____, 20_____

Allowable Self-employment expenses

- Advertising
- Bad debts from sales and service
- Bank service charges
- Business related laundry and cleaning
- Insurance
- Interest on business indebtedness
- Legal and professional expenses
- Materials and supplies

- Office expenses
- Rent on business property
- Repairs
- Taxes
- Transportation expenses
- Utilities and telephone
- Wages