

**To All Applicants For Grant Township General & Emergency Assistance**  
 26725 W. Molitor Rd., Ingleside, Il. 60041 847-740-2233 Fax 847-740-2255

|                             |              |  |  |
|-----------------------------|--------------|--|--|
| Date                        | Applicant(s) |  |  |
|                             | Applicant(s) |  |  |
| Address:                    |              |  |  |
| Application Interview Date: |              | Application Interview time (please call for interview) |  |

**YOU MUST MAKE APPLICATION (IF APPLICABLE) AT THE FOLLOWING AGENCIES PRIOR TO APPOINTMENT**

- Illinois Department of Human Resources, 3235 Belvidere Rd, Park City, Il. 60084; 847-336-5212; [www.dhs.state.il.us](http://www.dhs.state.il.us)  
 °Apply for TANF, Foodstamps, Medical and/or AABD
- Social Security Administration, 1930 N. Lewis Ave, Waukegan, Il. 1-800-772-1213; [www.ssa.gov](http://www.ssa.gov)
- Illinois State Employment Services, 800 Lancer Ln., Grayslake, Il. 847-543-2400; [www.ides.state.il.us](http://www.ides.state.il.us)  
 ° You **MUST** register and get a signed Job Service Card for appointment: Chapter 23
- Illinois Employment Training Center; [www.illinoismatch.com](http://www.illinoismatch.com)

**YOU MUST BRING THE FOLLOWING DOCUMENTS (IF APPLICABLE) TO YOUR INTERVIEW APPOINTMENT**

- Lease, rent receipts and/or mortgage payments from the past 6 months
- Valid drivers license or State ID for all persons 16 years of age or older
- Citizenship Papers,
- Birth Certificates for all persons listed on the application
- Social Security cards for each person listed on the application
- Pay stubs / printout from employer for the last 2 (two) months worked, also records of all other income for self or other members of the household
- Marriage license, death certificate, military service record and/or prison record
- Illinois Department of health Resources Records (TANF, Foodstamps, Medical, AABD, all/work, etc.)
- Check or award letter for Social Security, Veterans Benefits, Workers Compensation, Unemployment Insurance, Retirement Benefits or other income
- Unemployment records and an updated Job Service Card from Illinois State Employment Service (see above)
- All bank accounts (checking, savings, etc.) as well as records of the latest statements, account records
- Titles and/or registrations of **all** vehicles in your possession
- Divorce/separation papers (settlements, alimony, child support payments, etc.)
- Credit union accounts, trust funds, safety deposit box information, other securities or bonds, income tax returns
- Physician's statement (Report of incapacity, determination of disability or verification of pregnancy)
- All utility bills for the household (current and final notices)
- General Assistance application: **Completed and signed by all members of the family**

**\*ALL APPLICANT(S) MUST BE PRESENT AT THE TIME OF THE GENERAL ASSISTANCE INTERVIEW!\***

**REGISTER FOR COMMUNITY WORK PROGRAM OR JOB SEARCH:** All applicants for General Assistance, who are determined to be employable, will be required, as a condition of eligibility, to sign an **AGREEMENT TO PARTICIPATE IN THE COMMUNITY WORK PROGRAM**

ELIGIBILITY SHALL BE ESTABLISHED AND GRANT AMOUNTS DETERMINED ON THE BASIS OF ADOPTED TOWNSHIP STANDARDS  
 MT-GA-1 11/81 (REVISED 11/83; 12/85; 4/90; 11/92; 7/95; 12/96; 6/05; 11/05)



# APPLICATION FOR GENERAL 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

Last 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<br>Employment Security<br>Registration Number | Social<br>Security<br>Number |
|-------|--------|------|---------------|-----|------|------------|-------|--------------------|--|------------------------------|
| First | Middle | Last | Month         | Day | Year | City       | State |                    |  |                              |
|       |        |      |               |     |      |            |       | Self/<br>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<br>Support | Amount Paid Monthly for Board, Lodging<br>or Share of Household Expenses |
|-------|--------|------|-----|--------------|-----------------------------|--|
| First | Middle | Last |     |              |                             |  |
|       |        |      |     |              |                             |  |
|       |        |      |     |              |                             |  |
|       |        |      |     |              |                             |  |
|       |        |      |     |              |                             |  |

2. Why do you need assistance?

