State of Illinois
Department of Human Services

# APPLICATION FOR GENERAL ASSISTANCE

City or Township: Springfield Township

Date Issued: _____

Date Returned: _____

County: Sangamon

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 Employment Security Registration Number | Social Security Number |
|---|---|---|---|---|---|
| First Middle Last | Month Day Year | City State | | | |
| | | | Self/ Applicant | | |
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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<br>First Middle Last | Age | Relationship | Present Means of Support | Amount Paid Monthly for Board, Lodging, or Share of Household Expenses |
|---|---|---|---|---|
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2. Why do you need assistance?

State of Illinois
Department of Human Services

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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: Does any member of your family have current or previous military sevice? ◯ Yes ◯ No

If "Yes", who has current or previous military service? _____

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

If family member has current/previous military service, he/she:

◯ 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.

| Family Member | Name and Address of Employer | Type Work | Monthly Wage | Start Date | End Date | Reason for Leaving |
|---|---|---|---|---|---|---|
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Present Income and Other Financial Information: Fill in every blank. If none, write "None".
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 | | |
| General Assistance | | | Other | | |

# 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 by Any Family Member

| Family Member Holding Account | Name and Address of Bank | Amount of Deposit or Date of Last Withdrawal |
|---|---|---|
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Safety Deposit Boxes Held by Any Family Member

| Family Member Holding Box | Location of Box | Contents |
|---|---|---|
| | | |

Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

| Owned By | Description | Present Sale Value |
|---|---|---|
| | | |
| | | |
| | | |

Real Estate Owned, in Whole or Part, by Any Family Member

| Recorded Owner | Address | Descritpion | Present Value | Date Purchased | Date Last Taxes Paid | Amount Last Taxes Paid | Present Monthly Income |
|---|---|---|---|---|---|---|---|
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Vehicles and Farm Equipment Owned by Any Family Member

| Owner | Year | Make | Model | Date Purchased | License Number | Year Issued | Present Sale Value |
|---|---|---|---|---|---|---|---|
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# APPLICATION FOR GENERAL ASSISTANCE

Life Insurance Policies, Current or Lapsed, Held by Any Family Member

| Person Insured | Name of Company | Type Policy | Amount | Monthly Premium | Date Last Premium Paid | Loans Made | |
|---|---|---|---|---|---|---|---|
| | | | | | | Date | Amount |
| | | | | | | | |
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Medical, Hospital, Surgical, or Other Health Benefits Available to Any Family Member

| 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: _____ Relationship to Applicant: _____

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