



7431 Astor Ave, Hanover Park, IL 60133
Phone 630-540-9085 – Fax 630-289-1035

Emergency Assistance

TO BRING TO YOUR APPOINTMENT

Client Name: _____ Date: _____

Address: _____

Ethnicity (Please circle): Caucasian/White | African American/Black | Asian/Pacific Islander | Hispanic | Multi-Racial/Other

In order to determine the eligibility for public assistance of yourself and/or other members of your family for whom you are applying, it is necessary that you allow us to see and copy the items below.

Please bring these items to this office during your scheduled appointment time.

- | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Valid photo ID | <input type="checkbox"/> Armed Forces notice regarding allotment |
| <input type="checkbox"/> Social Security Card for everyone in the home(MUST be original) | <input type="checkbox"/> Proof of pensions, retirement funds, Workmen's Comp., etc., if applicable |
| <input type="checkbox"/> Birth certificate for everyone in the home (Citizenship papers, etc) Must be original | <input type="checkbox"/> All record of bank accounts OPEN or CLOSED. Must provide 3 months. |
| <input type="checkbox"/> Proof of address (Lease, notarized letter from landlord) Plus, Section 8 info, if applicable. | <input type="checkbox"/> Health insurance card, Access to Care or DHS medical card |
| <input type="checkbox"/> DHS food stamp/Link card award letter | <input type="checkbox"/> Proof of property ownership: Current Tax and utility deeds, mortgage papers or other items. |
| <input type="checkbox"/> Proof of marriage and/or divorce, if applicable | <input type="checkbox"/> Papers relating to legal claims or actions in past 5 years *including release or parole papers. |
| <input type="checkbox"/> Last six (6) pay stubs or Unemployment checks | <input type="checkbox"/> Two (2) Denials/or approvals from other agencies |
| <input type="checkbox"/> All record of other income; including child support, TANF, Etc | o Agency Name: _____ |
| <input type="checkbox"/> ANY government benefits such as Pension or annuities, Workman's Compensation, etc | o Name of who you spoke with: _____ |
| <input type="checkbox"/> Social Security award letter for SSA, SSI or SSDi | o Agency Name: _____ |
| | o Name of who you spoke with: _____ |

Clients at risk of Eviction

- 5- day notice from landlord
- 1099 landlord form

Clients with in need of Utility Assistance (Comed, Nicor, Water)

- Disconnect notice and/or final bill is required

I understand that this program may take up to 30 days to process. _____
I understand that if I am missing documentation, an appointment is necessary to drop off remaining documents. _____
I understand that this program is intended to be the last resort and I need to obtain 2 denials/approvals from 2 different agencies in order to qualify: _____