

HANOVER TOWNSHIP GENERAL ASSISTANCE OFFICE
Brian P. McGuire, Supervisor

7431 Astor Avenue
Hanover Park, IL 60133

Phone: (630) 540-9085
Fax: (630) 289-1057

APPLICATION FOR GENERAL ASSISTANCE

PRIMARY CONTACT INFORMATION

Applicant Name: _____ SSN: _____ Adult
Other Names or Spellings: _____ Relationship: _____
IDES Reg #: _____ Birthdate: _____ Birthplace: _____
Home Phone: _____ Work Phone: _____
Email Address: _____
Application Date: _____ Case ID #: _____
Need for Assistance: _____

PRESENT ADDRESS INFORMATION

Address 1: _____
Address 2: _____ Address 3: _____
City: _____ State: _____ Zip: _____
Date Moved In: _____ in Township Since: _____ in County Since: _____ in State Since: _____
Residence Status: _____ Amt/Mo: _____ Landlord: _____
Landlord Relation: _____ Landlord Address: _____

PREVIOUS ADDRESS INFORMATION

Address	City	State	Zip	Date Moved In

MARITAL STATUS

Marital Status: _____ Spouse: _____
Married On: _____ Location of Marriage: _____
Reason for Separation: _____ Spouse Address: _____

ASSISTANCE UNIT MEMBERS

Name	Birth Date	Birth Place	Relationship	IDES Reg #	SSN

NON-ASSISTANCE UNIT MEMBERS

Name	Age	Relationship	Means of Support	Monthly Amount Paid for Expenses

MILITARY INFORMATION

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

PRESENT EARNED INCOME INFORMATION

Person Receiving	Source	Employer or Description of Resource	Monthly Amount

PUBLIC ASSISTANCE AND RELATED PUBLIC BENEFITS

Person Receiving	Source	Amount

PRESENT UNEARNED INCOME INFORMATION

Person Receiving	Source	Description of Resource	Monthly Amount

PRESENT ASSET INFORMATION

Person Receiving	Source	Description of Resource	Amount

MEDICAL INSURANCE BENEFIT INFORMATION

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 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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APPLICATION FOR EMERGENCY ASSISTANCE

NAME: _____ DATE: _____
ADDRESS: _____
PHONE: _____ SSN: _____

Emergency Assistance is financial assistance to alleviate a life-threatening circumstance or meet an expense which jeopardizes employment. You can receive Emergency Assistance only once in any eighteen (18) month period.

YOU CANNOT BE ELIGIBLE FOR AND RECEIVE EMERGENCY ASSISTANCE AND GENERAL ASSISTANCE AT THE SAME TIME. You may apply for either General Assistance, Emergency Assistance or both, however, you cannot be approved for both.

I am requesting emergency assistance on behalf of myself and the following people who reside with me.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP

NOTICE OF BENEFITS AVAILABLE UNDER THE EMERGENCY ASSISTANCE PROGRAM

Emergency Assistance provides financial aid to alleviate a life-threatening circumstance or to assist in attaining self-sufficiency. Assistance up to the amount of the Township's payment level is disbursed by means of vendor payments, that is, a provider of goods and services is paid directly by the Township. Township personnel will tell you what the Township's payment level is. You may receive Emergency Assistance only once in any eighteen (18) month period.

A life-threatening circumstance is a condition which poses a peril to health or well-being because of a need for or the jeopardizing of the availability of shelter, food utility service, medication, transportation or other necessity. If you are eligible, the Township will provide Emergency Assistance up to the amount of its payment level to alleviate a life-threatening circumstance involving a need for assistance for shelter, food, utility expenses, medication, transportation or other necessity.

Self-sufficiency means the financial capacity to pay work related expenses necessary to obtain or maintain employment. Work related expenses may include uniform or other required clothing costs and necessary safety equipment. If you are eligible, the Township will provide Emergency Assistance up to the amount of its payment level to assist you in paying expenses necessary for you to get or keep your job.

In addition to providing financial aid, the Township may also refer you to other agencies and programs or for other services to aid you in alleviating a life-threatening circumstance or assist you in attaining self-sufficiency.

I have read and understand the foregoing information.

Signature: _____ Date: _____