

**WAUKEGAN TOWNSHIP**  
**149 S. Genesee Street**  
**Waukegan, IL 60085**

# APPLICATION FOR GENEREAL ASSISTANCE

Marc L. Jones, Waukegan Township Supervisor

**Date Issued:** \_\_\_\_\_

**Information required in this application to the head of the family and all dependents for which the application is made.**

## 1. General Information

**Last Name:** \_\_\_\_\_

**First Name and Middle Initial:**

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Previous Three Addresses (including city and state):**

**Address 1:** \_\_\_\_\_ **Date Moved In:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_ **Date Moved In:** \_\_\_\_\_

**Address 3:** \_\_\_\_\_ **Date Moved In:** \_\_\_\_\_

**Current Living Arrangement:**  **Rent**  **Own (Please check one)**

If Rent, Landlord's Name: \_\_\_\_\_ Landlord's Address: \_\_\_\_\_

Related to Landlord?  Yes  No (Please check one)

If related, relationship to Landlord is: \_\_\_\_\_

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'm now asking for assistance for myself and the following members of my family, who reside with me.

In addition to those listed above, the following relatives, boarders, lodgers and other person, for whom I am not seeking assistance are living in the same house.

NAME First	Middle	Last	AGE	RELATIONSHIP	PRESENT MEANS OF SUPPORT	AMOUNT PAID MONTHLY FOR BOARD, LODGING, OR SHARE

2. Type of requested assistance:

3. Personal and Occupation Information (Please check one)

Marital Status:  Married  Single  Widowed  Divorced  Separated  Deserted

If married, date of marriage: \_\_\_\_\_ Location of marriage: \_\_\_\_\_

Is there a court order for support? (Please check one)  Yes  No

Military Service: Do you, or member of your family have current or previous military service? 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: (Please check one)

Received Adjusted Compensation

Did not receive Adjusted Compensation

Receives pension or other income from such service

Does not receives pension or other income from such service

PAST EMPLOYMENT: List last employer and two longest term employers for applicant:

NAME AND ADDRESS OF EMPLOYER	TYPE OF WORK	WORK HOURS	HOURLY RATE	START DATE	END DATE	REASON FOR LEAVING

Present Income and Other Financial Information: Fill in every blank. Write "none" if not receiving.

SOURCES	PERSON RECEIVING	EMPLOYER'S NAME AND ADDRESS OR DESCRIPTION OF RESOURCE	WEEKLY AMOUNT
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Sales			
Retirement Pension			
Other: (Please Specify)			

## Public and Governmental Benefits

	SOURCES	PERSON RECEIVING	AMOUNT
TANF			
Food Stamps			
SSI			
General Assistance			
Social Security			
Other			

## Other Care Resources

SOURCES	NAME OF PERSON	AMOUNT	SOURCES	NAME OF PERSON	AMOUNT
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment			Estates/Court Orders		
Benefits			Friends/Relatives		
Worker's Comp			Bonds		
Government			Other Income		

## Bank Accounts held by you or family member

FAMILY MEMBER HOLDING ACCOUNT	NAME AND ADDRESS OF BANK	AMOUNT OF DEPOSIT OR DATE OF LAST WITHDRAWAL

## Safety Deposit Boxes held by you or family member

FAMILY MEMBER HOLDING BOX	LOCATION OF BOX	CONTENTS

## Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) held by any family member

FAMILY MEMBER HOLDING PROPERTY	LOCATION OF PROPERTY	CONTENTS

## Real Estate Owned, in Whole or Part by you or family member

FAMILY MEMBER HOLDING PROPERTY	LOCATION OF PROPERTY	CONTENTS

## Vehicles and Farm Equipment Owned by you or family member

FAMILY MEMBER HOLDING PROPERTY	LOCATION OF PROPERTY	CONTENTS

**Life Insurance Policies, Current or Lapsed, Held by you or family member**

PERSON INSURED	NAME OF COMPANY	TYPE OF POLICY	AMOUNT	MONTHLY PREMIUM	DATE LAST PREMIUM PAID	LOANS MADE	
						DATE	AMOUNT

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 is, 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 this application for General Assistance and declare under penalties of perjury that, to the best of my knowledge and belief, the information, supplies in this application and all accompanying statements are 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: \_\_\_\_\_

**SUBMIT FORM TO: [mbeltran@waukegantownship.com](mailto:mbeltran@waukegantownship.com)**