

WAUKEGAN TOWNSHIP
149 S. Genesee Street
Waukegan, IL 60085



APPLICATION FOR GENERAL ASSISTANCE
Patricia Jones, Waukegan Township Supervisor

Date Issued: _____

Case Number: _____

Information required in this application applies 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) _____
Date Moved In Monthly Payment

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

Name			Date of Birth	Birthplace		Relationship	Social Security No.
First	Middle	Last	Month Day Year	City	State	Self/Applicant	

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 of Household Expenses

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 receive 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: Employment in Home			
Profits from: Sales			
Retirement Pension			
Other: (Specify)			

Public and Governmental Benefits

Sources	Person Receiving	Amount
TANF		
Food Stamps		
SSI		
General Assistance		
Social Security		
Other		

Other Case 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 Comp			Friends/Relatives		
Government Bonds			Other Income		
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

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

Recorded Owner	Address	Description	Present Value	Date Purchased	Date Last Taxes Paid	Amount Last Taxes paid	Present Monthly Income

Vehicles and Farm Equipment Owned by you, or Family Member

Owner	Yeas	Make	Model	Date Purchase	License Number	Year Issued	Present Sale Value

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 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 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 crafty that, to the best of my knowledge and belief, the information furnished herein is a true statement of his/her income, assests and resources.

Applicant _____ Applicant Representative Signature: _____

Applicant Representative Address: _____

Relationship to Applicant: _____