

ITEMS REQUIRED FOR EMERGENCY FINANCIAL ASSISTANCE

- DD214
- LEASE
- MOST CURRENT UTILITY BILLS
- LAST 2 MONTHS BANK STATEMENT
 - (IF NO BANK STATEMENT, CHECKSTUBS FROM LAST 2 MONTHS OF EMPLOYMENT/UNEMPLOYMENT)
- PROOF ON INCOME FOR *ENTIRE* HOUSEHOLD

DD214's that are *less than 24 months peacetime*, or if you have a *general under honorable discharge with a misconduct, you will not be* eligible for financial assistance through our office, no exceptions...

Please be advised our office has 30 days to make a decision. We may also need additional documents after initial interview.

OFFICE USE ONLY

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY

DATE _____

ASSISTANCE APPLICATION

TOWNSHIP _____

Veteran must provide service discharge paper (DD-214). Upon request, you must be able to furnish verification of home ownership or verification from a landlord that you are residing at the address given on this application. Also, marriage license and birth certificates of dependent children, and Photo ID must be presented for initial application. All items on this application must be filled out and answered by the veteran (if unable to, by a member of the immediate family), as the truth and factual information which can be verified by this office.

SECTION I – Veteran Information

Spouse Information

Name: _____

Maiden Name: _____

Address: _____

Name: _____

City/State/Zip: _____

Address: _____

Date and Place of Birth: _____

Date and Place of Birth: _____

S.S. Number: _____

S.S. Number: _____

Telephone Number: _____

Telephone Number: _____

Email Address: _____

Cell Phone Number: _____

How many people live in your house or apartment: _____

SECTION II – Marital Status

Single: _____

Never Married: _____

Married: _____

Date and Place: _____

Divorced: _____

Date and Place: _____

Separated: _____

Date and Place: _____

Widowed: _____

Date and Place: _____

Are you paying child support: _____

If yes, weekly amount: \$ _____

Are you receiving child support/maintenance: _____

If yes, weekly amount: \$ _____

SECTION III – Dependent Children

NAME	BIRTHDATE	PLACE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do they live with you? YES _____ NO _____

SECTION IV – Other Income/Benefits

Have you recently applied for or are you receiving any of the following, and if so, what amount?
(please circle choice)

Township Asst: (YES) (NO) Amount \$ _____ When did it start: _____

Retirement: (YES) (NO) Amount \$ _____ When did it start: _____

VA Benefits: COMPENSATION or PENSION If receiving either, How much: \$ _____

Have you applied for assistance at any other agency with these bills or any other bills in the last 180 days? _____

If yes, what agency? _____ Agency phone number _____

SECTION V – Bank Information

Bank Name: _____

Checking: (YES) (NO) Balance: \$ _____ Savings: (YES) (NO) Balance: \$ _____

Car (YES) (NO) If yes, Make, Model, Year _____

Do you have the title (YES) (NO) What are your monthly payments: \$ _____

SECTION VI – Employment - Income

Currently Working? Yes ___ No ___ If yes: **attach proof for the last months earnings**

Name of Current Employer _____ Date of Hire ___/___/___

Employers address _____ City _____ State _____

Number of hours worked weekly _____ How often paid _____

Net weekly pay (before taxes) \$ _____ **Attach proof of last month's earnings**

Not Working?

Receiving unemployment benefits? Y or N Amount \$ _____ If yes: **attach proof for last month's earnings**

Are you receiving SSI or SSDI? Y or N Amount \$ _____ If yes: **attach proof for the last month's earnings**

Are you receiving Public Aid Food Stamps? Yes ___ No ___ Amount \$ _____

SPOUSE'S Employment - Income

Currently Working? Yes ___ No ___ If yes: **attach proof for the last months earnings**

Name of Current Employer _____ Date of Hire ___/___/___

Employers address _____ City _____ State _____

Number of hours worked weekly _____ How often paid _____

Net weekly pay (before taxes) \$ _____ **Attach proof of last month's earnings**

Not Working?

Receiving unemployment benefits? Y or N Amount \$ _____ If yes: **attach proof for last month's earnings**

Are you receiving SSI or SSDI? Y or N Amount \$ _____ If yes: **attach proof for the last month's earnings**

Are you receiving Public Aid Food Stamps? Yes ___ No ___ Amount \$ _____

SECTION VII – Residency Verification

Do you: (RENT) (OWN) _____ Amount of Rent or Mortgage \$ _____
 When was the last time you paid? _____ Amount of payment: \$ _____
 How far behind are you? _____ Did you get a 5 day notice: (YES) (NO)
 Did you get an eviction notice: (YES) (NO)
 Landlords Information: Name: _____
 Address: _____
 Phone Number: _____
 How long have you lived at this address? Years: _____ Months _____
 Are you receiving Housing Assistance? (Yes) (No) If yes, how much per month \$ _____
 Housing Authority name, and contact name & number of caseworker _____

SECTION VIII – Monthly Household Expenses

North Shore Gas	\$ _____	Rent/Mortgage	\$ _____
Electric/Com Ed	\$ _____	Medical	\$ _____
Phone - house	\$ _____	Hospital	\$ _____
Phone-cell	\$ _____	Doctor	\$ _____
Cable	\$ _____	Medication	\$ _____
Food	\$ _____	Car Payment	\$ _____
Child Care	\$ _____	Car Insurance	\$ _____
Child Support	\$ _____	Water bill	\$ _____
Alimony	\$ _____	Loans	\$ _____
Legal Fees	\$ _____	Bankruptcy Fee	\$ _____
Other	\$ _____		

Credit Cards	Balance	Monthly Payments
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

SECTION IX - Assistance

What kind of assistance are you requesting from this office? Please be specific:

Have you experienced an unexpected loss of income? Have you had an unexpected expense? Please explain in detail what caused your emergency financial need: (please print so its legible)



VETERANS ASSISTANCE COMMISSION

Michael Peck, Superintendent
Al Lynch, CMH, Asst. Superintendent

20 South Martin Luther King Jr Ave
Waukegan, IL 60085
Phone 847 377-3344
Fax 847-984-5750

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize any person, Bank, company, Corporation, Organizations, Federal or State agency or Institution to furnish to the Veterans Assistance Commission any request for information, relative to my accounts, deposits, investments, securities, wages, Social Security income, employment verification or Business of any kind whatsoever...

Release to: VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY
20 S. MARTIN LUTHER KING JR AVE
WAUKEGAN, IL 60085
PHONE: 847-377-3344
FAX: 847-984-5750
EMAIL: VETERANS@LAKECOUNTYIL.GOV

SIGNATURE

SSN

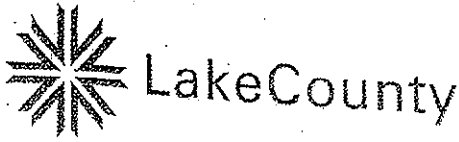
ADDRESS

CITY, STATE, ZIP

DATE

Veteran Service Officers

Michael Hilcy - Sherry Kruse - Mary Ann Kornau-Bandurski



VETERANS ASSISTANCE COMMISSION
Michael Peck, Superintendent
Al Lynch, CMH, Asst. Superintendent

20 South Martin Luther King Jr Ave
Waukegan, IL 60085
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Fax 847-984-6750

**FRAUD DISCLAIMER FORM
MEMORANDUM OF UNDERSTANDING**

Note: Before signing this form, please understand that the Veterans Assistance Commission of Lake County provides a valuable service to the veterans, widows, and specific dependents of this county. Abuse of any services provided by this office will not be tolerated.

I (we) fully understand that failure to report to disclose all necessary documentation pertaining to proof of veterans status, sources of income, expenses, and other data requested by this County office, or as required by Illinois or Federal law, or the requirements of the U.S. Department of Veterans Affairs can delay a VA claim and may result in the denial of a VACLC General Assistance claim. I (we) fully understand that it is unlawful to impersonate a veteran for personal gain. Fraudulent claims or impersonating a veteran, widow, or dependent will result in prosecution proceedings being filed by this office with the States Attorney of Lake County.

Therefore, I (we) certify that all of the documentation and information provided is true and correct. By signing this form, I (we) authorize the Veterans Assistance Commission of Lake County to complete a verification process in order to confirm the accuracy of the information and/or documentation presented. If a claim is dismissed due to false information or fraudulent documentation, I (we) agree to hold the Veterans Assistance Commission of Lake County free of all liabilities for this claim. Additionally, it is understood that a copy of this claim application and/or any information resulting from the verification process shall be furnished upon request.

Signature of Application/Claimant

Date

Signature of Spouse (if applicable)

Date

(VACLC EMPLOYEE USE ONLY)

I attempted to obtain concurrence on behalf of the VACLC, but, due to the one of the following, I was unable to obtain the claimants consent:

_____ Individual(s) refused to sign this consent form

_____ Other (specify) _____

VAC Employee _____
(printed name and title)

Date

Veteran Service Officers

Michael Hiley - Sherry Kruse - Mary Ann Kornau-Bandurski

Township Supervisors of Illinois Emergency Assistance Handbook

**NOTICE OF BENEFITS AVAILABLE
UNDER THE EMERGENCY ASSISTANCE PROGRAM**

Emergency assistance provides financial aid for two (2) purposes and two (2) purposes only. (1), to help alleviate a life threatening circumstance, or (2) to help pay a work related expense necessary to obtain or maintain employment. A life threatening circumstance is a condition which poses an imminent peril to health and safety because of a lack of or the jeopardizing of the availability of shelter, food, utility service, medication, transportation or other basic necessity. You may also receive Emergency assistance to help pay for a work related expense, but only if payment of the expense is necessary for you to get to or keep a job. In order to help you pay such expenses, the General Assistance office may also refer you to other agencies or programs or for other services.

You may receive Emergency assistance only once in any twelve (12) month period assistance up to the amount of Payment Level is disbursed by means of disbursing orders (requests to a vendor to provide goods and services in return for payment by the General Assistance office) or by payment directly to a provider of goods and services. You will not receive cash. The personnel of the General Assistance Office will tell you what the appropriate payment level is for the size of your household.

You may receive Emergency assistance even though you have applied for and been approved to receive monthly welfare assistance (such as Temporary assistance to needy families (TANF), aid to the aged, blind and disabled (AABD), Refugee and repatriate assistance (RRA) or Supplemental Security Income (SSI) as long as you have not yet begun to receive monthly payments of such assistance, however, if you have already begun receiving monthly payments of cash, welfare assistance, you cannot receive Emergency assistance.

If you have any questions about Emergency assistance or the program requirements or particulars, you should ask the personnel of the General Assistance Office. In addition, you may inspect the General Assistance Offices Emergency Assistance Handbook during regular office hours.

I acknowledge receipt of a copy of the foregoing Notice of Benefits Available under the Emergency Assistance Program this _____ day of _____, 2_____.

Applicant

Notice of Benefits-1
(6.0001)