

**Items needed in order to complete your  
Application for General Assistance**

- 1. ILLINOIS Driver's License or State ID Card**
- 2. Social Security cards for everyone in your household**
- 3. Renter's Lease**
- 4. Piece of mail with your name on it to verify your  
Current address (last 30 days)**
- 5. Link Card**
- 6. Medical Card**
- 7. Current electric bill w/shut-off notice**
- 8. Rental assistance requires Landlord's 5-Day Notice**
- 9. Wage statements from the last 30-days**
- 10. Social Security Income requires a statement**
- 11. Any Paperwork related to unemployment  
compensation**

**Assistance is given only one time in a twelve month period. A new application has to be filled out each year.**

**Flagg Township has 30 days to approve or deny each application.**

**After 5 (five) times being approved for emergency Assistance and you will no longer be eligible for Emergency assistance**



# APPLICATION FOR GENERAL ASSISTANCE

City or Township: \_\_\_\_\_

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

County: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Record Number: \_\_\_\_\_

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

1. General Information

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

Phone: \_\_\_\_\_

Husband's First Name and Middle Initial: \_\_\_\_\_

Wife's First Name and Middle Initial: \_\_\_\_\_

Other Names or Spellings: \_\_\_\_\_

Address: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Previous Three Addresses (including city and state):

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

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

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

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	Illinois Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	Month	Day	Year	City	State			
								Self/ Applicant		

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

Name			Age	Relationship	Present Means of Support	Amount Paid Monthly for Board, Lodging, or Share of Household Expenses
First	Middle	Last				

2. Why do you need assistance?





# APPLICATION FOR GENERAL ASSISTANCE

### 3. Personal and Occupational Information

Marital Status:  Married  Single  Widowed  Divorced  Separated  Deserted

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

If separated, state reason: \_\_\_\_\_

The present address of my spouse, with whom I am not living, is: \_\_\_\_\_

Is there a court order for child support?  Yes  No

Living Arrangement:  Rent  Own

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

Related to Landlord?  Yes  No If related, relationship to landlord: \_\_\_\_\_

Military Service: Does any 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:  
 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 and any other family member with work history.

Family Member	Name and Address of Employer	Type Work	Monthly Wage	Start Date	End Date	Reason for Leaving

Present Income and Other Financial Information: Fill in every blank. If none, write "None".  
Resources:

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			
Other: (specify)			

#### Public Assistance and Related Public Benefits

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			Other <i>Snag/Link</i>		
General Assistance			Other		



# APPLICATION FOR GENERAL ASSISTANCE

## Other Cash 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 Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

## Banks Accounts Held by Any Family Member

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

## Safety Deposit Boxes Held by Any Family Member

Family Member Holding Box	Location of Box	Contents

## Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

Owned By	Description	Present Sale Value

## Real Estate Owned, in Whole or Part, by Any 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 Any Family Member

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value





# APPLICATION FOR GENERAL ASSISTANCE

## Life Insurance Policies, Current or Lapsed, Held by Any Family Member

Person Insured	Name of Company	Type Policy	Amount	Monthly Premium	Date Last Premium Paid	Loans Made	
						Date	Amount

## Medical, Hospital, Surgical, or Other Health Benefits Available to Any Family Member

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: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_



**FLAGG TOWNSHIP GENERAL ASSISTANCE OFFICE**  
**Bob Withrow, Supervisor**

303 W. Hwy. 38, P.O. Box 436  
Rochelle, IL 61068

Phone: (815) 562-7360  
Fax: (815) 562-9652

**APPLICATION FOR EMERGENCY ASSISTANCE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ S.S.# \_\_\_\_\_

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 a year.

**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 twelve (12) month consecutive 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: \_\_\_\_\_