



**Supervisor's Office**  
Gloria M. Palmblad

**Town Hall:** 1155 East Route 22 • Lake Zurich, IL 60047  
**Phone:** 847-438-7823 **Fax:** 847-438-9269  
**E-mail:** [info@elatownship.org](mailto:info@elatownship.org)

## **ASSISTANCE PROGRAMS INITIAL INTERVIEW**

To Whom it May Concern:

To apply for assistance through Ela Township:

- Please complete the attached application
- Provide proof of residency
- Provide proof of income
- Schedule an appointment by calling (847)540-8380

At initial interview we will give you information on programs you may qualify for based on further investigation and cooperation in providing the necessary documentation required by Ela Township.



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**CONSENT TO RELEASE INFORMATION**

TO: ELA TOWNSHIP

FROM: \_\_\_\_\_  
(Applicants Name)

EFFECTIVE DATES: From \_\_\_\_\_ To \_\_\_\_\_

TO: \_\_\_\_\_  
(Name of Agency)

You are hereby authorized and directed to release or permit the examination, and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Supervisor of ELA TOWNSHIP and the personnel of the ELA TOWNSHIP General Assistance Office of any and all such information as may be requested by the aforesaid Township representatives.

You are further authorized and directed to furnish as requested oral and written reports to ELA TOWNSHIP representatives.

You are further authorized and directed to transmit by any method, including the United States Post Office, fax and modem transmission, copies of such documents as may be requested by ELA TOWNSHIP representatives.

I hereby revoke any previously dated Consent to Release Information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
(Applicant's Signature)

Witness: \_\_\_\_\_

Name (print): \_\_\_\_\_

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



# 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		
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: \_\_\_\_\_