



Gary Marschke - Supervisor

## DuPage Township Emergency Assistance Application

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Dear Resident,

Thank you for your interest in applying for Emergency Assistance from DuPage Township. This assistance is meant to help alleviate “life-threatening” situations such as rental eviction, utility disconnection **OR** car repair for those employed or seeking employment. Please note that only a certain amount can be given for assistance. Depending on your situation, other resources may be available. Emergency Assistance can only be utilized once during a 12-month period. To begin the application process, please complete the following forms and collect the necessary documentation listed below. Once completed, call the General Assistance Office at DuPage Township for an appointment and to complete the application process. **You must make an appointment or your application will not be complete.** Also, depending on your situation, you may be required to submit additional documentation than what is listed below. By law, a determination must be made within 30 days of submitting and completing an application. Should you need assistance or have questions about completing the application process, please contact the General Assistance Office.

-Vicente Fernandez  
General Assistance Administrator  
241 Canterbury Ln.  
Bolingbrook, IL 60440  
630-759-1317 ext. 203  
ga@dupagetownship.com

Documentation needed to apply for Emergency Assistance (but not limited to):

- Photo ID and Social Security cards for everyone in the household
- Current lease or mortgage statement
- 5-day notice or eviction notice and/or utility shut-off notice (required for assistance) *with* bill
- Recent estimate on car repair, *if applying for car repair assistance*
- Proof of *all* household income for the last 30 days
- Recent bank statement, last 30 days
- Proof of any DHS benefits such as SNAP or Medicaid if you are receiving
- Anyone over the age of 18 (not in high school) with no income will need to provide proof of no income from either IDHS (UI Finding letter) or IDHS (most recent determination letter)
- *If applicable*, completed Zero Income Affidavit for those **over the age of 18 with no income**
- **Proof of financial hardship**, i.e., proof of last day of work, proof of reduction in hours, unforeseen expense, etc.
- Completed General Assistance application

**AN INCOMPLETE APPLICATION CAN RESULT IN A DENIAL OF SERVICES**

## Emergency Assistance Application Questions

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1. What type of assistance are you requesting?

- ☐ Rent (**must have 5-day, 30-day or eviction notice from landlord**)
- ☐ Utility Assistance – Nicor and/or ComEd (**must show proof of having applied for LIHEAP first and have a disconnect notice from the utility company**)
- ☐ Utility Assistance – Water bill (**must have a disconnect notice**)
- ☐ Car Repair (**must be employed or seeking employment**)

2. Are you or anyone in your household receiving Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF)?

- ☐ Yes – **if yes, then you are ineligible for Emergency Assistance**
- ☐ No

3. How much is your monthly rent or mortgage payment? \_\_\_\_\_

4. How much total rent do you owe (**do not include future rent**)? \_\_\_\_\_

5. Approximately, how much do you owe in utilities?

Nicor: \_\_\_\_\_ ComEd: \_\_\_\_\_ Water: \_\_\_\_\_

6. Is there anyone in the household (**including yourself**), over the age of 18, unemployed and have no income?

- ☐ Yes – **please be sure to complete the “Zero Income Affidavit”**
- ☐ No

7. Do you have a bank account?

- ☐ Yes – **if so, we will need a recent bank statement**
- ☐ No

8. What occurred that caused the financial emergency? (**Please be brief but specific**)

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9. If you receive assistance, how will you be able to continue meeting your financial needs?

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10. Please list any additional assistance you have received in the last 12 months for your rent or utilities from either another agency, organization or program:

Agency/Organization/Program	Purpose (rent, utility, etc.)	Approximate Date of Service

I understand that if I have any questions or concerns about this application, it is my responsibility to discuss this with the General Assistance Office and by signing below I acknowledge that I have provided information to the best of my knowledge.

Signature: \_\_\_\_\_

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

## Zero Income Affidavit

(To be completed by head of household **only** for *adult members* with no income)

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Head of Household: \_\_\_\_\_

Adult Household Member(s) with No Income: \_\_\_\_\_

1. I hereby certify that the above adult member(s) of my household did not individually receive income for the last 30 days from any of the following sources:

- a) Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b) Income from operation of a business.
- c) Rental income from real or personal property.
- d) Interest or dividends from assets.
- e) Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- f) Unemployment or disability payments.
- g) Public assistance payments.
- h) Periodic allowances such as alimony, child support, or gifts received from persons living in my household.
- i) Sales from self-employed resources (Avon, Uber, DoorDash, etc.)
- j) Any other source not named above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. False, misleading, or incomplete information may result in the denial of my application for assistance.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



# 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 ☐ did not receive Adjusted ☐ receives pension or ☐ does not receive  
☐ Compensation ☐ Compensation ☐ other income from such ☐ pension or other income  
service 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: \_\_\_\_\_