



General Assistance Office  
241 Canterbury Lane  
Bolingbrook, IL 60440

# GENERAL ASSISTANCE APPLICATION

Dear Resident,

Thank you for your interest in applying for General Assistance from DuPage Township. General Assistance in DuPage Township is a locally administered welfare program which provides monthly financial assistance to individuals who are not currently eligible for any other State or Federal Assistance programs and do not have adequate income or resources to provide for their own basic needs. Depending on your situation, other resources may be available. Follow the steps below to begin the application process. **Please be sure to read everything that is being asked.**

-Vicente Fernandez, General Assistance Administrator  
630-759-1317 ext. 203  
GA@dupagetownship.com

## STEP 1—FILL OUT THE APPLICATION

Be sure to fill out as much as possible and try not to leave any areas blank unless they do not pertain to you. If you have any questions, please call the General Assistance Office at the township.

## STEP 2—GATHER THE NECESSARY DOCUMENTATION

- Photo ID for the applicant and social security cards for the applicant and everyone in the household
- Birth Certificate of everyone in the household
- Current lease or mortgage statement
- All utility bills (must be in applicant's name)
- Proof of all household income for the last 30 days, both earned and unearned
- Recent bank statement, within the last 30 days (including from apps such as Cash App, Chime, etc.)
- Proof of any IDHS benefits such as SNAP or Medicaid, **if receiving**
- Anyone over the age of 18 and 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 redetermination letter)
- *If applicable, verification of having applied for or have a pending case with Social Security or pending application for TANF*
- Completed General Assistance Application

## DEPENDING ON YOUR SITUATION, YOU MAY BE ASKED TO SUBMIT ADDITIONAL DOCUMENTATION

## STEP 3—MAKE AN APPOINTMENT

Once completed, call the General Assistance Office at DuPage Township for an appointment or go online at: <https://tinyurl.com/GAEAmeeeting> to make an appointment. The reason for the appointment is to submit the application, documentation and to sign on some additional documentation. **YOU MUST MAKE AN APPOINTMENT OR YOUR APPLICATION WILL NOT BE COMPLETE.** Dropping off or e-mailing documentation without an appointment may result in a denial of assistance. By law, a determination must be made within 30 days of submitting an application.



# APPLICATION FOR GENERAL ASSISTANCE

Township: \_\_\_\_\_

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

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: \_\_\_\_\_ First Name and Middle Initial: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

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

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

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 Number
First	Middle	Last	Month	Day	Year	City	State		

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				



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## 2. Personal and Occupational Information

Marital Status:  Married  Single  Widowed  Divorced  Separated  Deserted

Is there a court order for child support?  Yes  No

Living Arrangement:  Rent  Own

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

Related to the 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? \_\_\_\_\_

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	Monthly Wage	Start Date	End Date	Reason for Living

### Present Income and Other Financial Information:

Sources	Person Receiving	Employer's Name	Monthly Wage
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Employment in Home			
Profits from: Sales			
Other: (specify)			

### Public Assistance and Related Public Benefits

Source	Person Receiving	Monthly Amount	Source	Person Receiving	Monthly Amount
TANF			RSDI		
AABD			Other		
General Assistance			Other		



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### Other Cash Resources

Sources	Family Member	Amount	Sources	Family Member	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		

### Bank Accounts Held By Any Family Member

Family Member Holding Account	Name 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 Plate Number	Year Issued	Present Sale Value



## APPLICATION FOR GENERAL ASSISTANCE

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

Person Insured	Name of Company	Type of 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: \_\_\_\_\_