

Grant Township General and Emergency Assistance

General Assistance is an income based, monthly grant that assists with living expenses and *may* include medical assistance. Applicant must be a Grant Township resident and meet the guidelines set forth by the Township Officials of Illinois.

Emergency Assistance is an assistance program that helps residents alleviate a life-threatening circumstance or to assist in self-sufficiency. Some circumstances may include eviction or past due rent or mortgage, five (5) day notice required, or utility disconnection. Applicant must be a Grant Township resident of at least six (6) months and meet the income and emergency guidelines set forth by the Township Supervisor.

Grant Township will process the application to see if the resident qualifies for General Assistance first. If the applicant does not qualify for General Assistance, then the Township will see if the applicant qualifies for Emergency Assistance.

*Print and complete the forms below or pick up an application packet in person at Grant Township Center 26725 W. Molidor Rd. Ingleside, IL 60041 | Ph. 847-740-2233

**Call for an interview appointment once application checklist is complete.

Additional Resources

- United Way of Lake County | 211 | www.211.org
- IL Dept. of Human Services | 847-336-5212 | www.dhs.state.il.us
- Lake County Health Department | 847-377-8000
- Help Illinois Families Assistance Line | 877-411-9276
- CAPs of Lake County / LIHEAP | 224-412-8945 | www.caplakecounty.org
- Catholic Charities | Emergency Services 847-782-4000 | Senior Services 847-546-5733 | www.catholiccharities.net/GetHelp/OurRegions/LakeCounty
- Salvation Army / Nicor Shield of Caring | 847-336-1880
- Consumer Credit Counseling | 815-338-5757
- Society of St. Vincent de Paul | 224-360-2562
- American Red Cross | 312-729-6100 | www.redcross.org/local/illinois.html
- Eviction Help Illinois | 855-631-0811 | Text "eviction help" to 844-938-1280
- Court Based Rental Assistance Program | 866-454-3571
- AAHAA Healthcare Accessibility Alliance | 847-395-2809
- Illinois Department on Aging | 800-528-2000
- Prairie State Legal Services | 847-662-6925
- North Suburban Legal Aid Clinic | 847-737-4042
- Lake County Housing Authority | 847-223-1170

Application Checklist for Grant Township
General Assistance and Emergency Assistance Programs

26725 W Molidor Road Ingleside, IL 60041 | Ph. 847-740-2233

You must complete application at the following agencies prior to scheduling an interview.

- Illinois Department of Human Services 2000 N Lewis Avenue Waukegan | 847-336-5212 | www.dhs.state.il.us | Apply for TANF, SNAP, Medical and/or AABD
- Illinois Department of Employment Security | 800-244-5631 | www.IDES.Illinois.gov
 - You must receive a decision notification letter prior to interview
- Social Security Administration 1930 N Lewis Avenue Waukegan | 888-320-0960 | www.ssa.gov

Application Interview Date: _____

Application Interview Time: _____

The following documents (if applicable) must be brought to your interview appointment.

- Valid Driver's License or State ID/Photo ID for all persons 16 years of age or older
- Social Security Cards **and** Birth Certificates for all persons listed on application
- Medical Cards for all persons on application
- Citizenship Papers, Citizenship Certificate or LPR Card (if applicable)
- Marriage License, death certificate, military service record and/or prison record (if applicable)
- Divorce/Separation papers including; settlements, alimony, child support payments, etc. (if applicable)
- Lease, Rent receipts and/or mortgage payments for the past 6 months, tax bill
- Current checking and savings statements if you do not have a bank or credit union account, receipts or copies of money orders you use to pay your bills, if you use a prepaid card a statement or printout from their website
- Trust funds, safe deposit box information, other securities or bonds (if applicable)
- Pay Stubs for the past 30 days, records of all other income for all persons on application
- Unemployment Compensation documentation
- Most recent Tax return (if applicable)
- Awards letter for; Social Security, Veteran's Benefits, Worker's Compensation, Unemployment, Insurance, Retirement Benefits or any other income
- Illinois Department of Human Services award letters/records (TANF, SNAP, Medicaid, AABD)
- Titles and/or registration for ALL vehicles in your possession including recreational vehicles (if applicable)
- All Utility Bills for the household including current and final notices
- Physician's statement stating your specific medical condition, report of incapacity, determination of disability, proof that you have applied for SSI or SSDI
- General Assistance application completed and signed by all adult members of the family, *please do not leave any answers blank*, if they do not pertain to you or for whom you are requesting assistance for write N/A

All Applicants must be present at the time of General Assistance interview

Eligibility shall be established and grant amounts determined on the basis of adopted Township standards MT-GA-1. 11/81 (Revised 11/83, 12/85, 4/90, 11/92, 7/95, 12/96, 6/05, 11/05, 04/21)



APPLICATION FOR GENERAL ASSISTANCE

City or Township: GRANT

Date Issued: _____

County: LAKE

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 : E-Mail _____

Last Name: _____ Phone: _____

First Name and Middle Initial: _____ 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: _____

Grant Township Supervisor
General Assistance Office
26725 W. Molidor Rd. Ingleside, IL 60041
PH. 847-740-2233

Expenditure Waiver

Date: _____

Client Name: _____

In signing this letter I acknowledge that Grant Township will not be responsible for any expenditure incurred by _____ or any member of his/her household for any assistance that is received through any outside agency unless authorized personally by the Grant Township Supervisor.

X _____
Client Signature

Date

X _____
Witness Signature

Date

Witness Name: _____

Witness Address: _____

Grant Township Supervisor
General Assistance Office
26725 W. Molidor Rd. Ingleside, IL 60041
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Low/No Income Letter

Date: _____

Client Name: _____

My income in _____ was _____.
(List prior year) (Amount)

My rent & utilities were paid by:

- Myself
- A friend or family member _____
(Name)
- An Organization _____
(Name of organization)
- I was homeless

I received or paid for food:

- By using SNAP/Link card (food stamps)
- By going to a local food pantry
- With help from a friend or family member _____
(Name)

I did not have any income last year because I was incarcerated from _____
to _____.

X _____
Client Signature Date

Grant Township Supervisor
General Assistance Office
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Consent to Release of Information

To: _____

From: _____
(Client Name)

You are hereby authorized and directed to release to or permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Grant Township Supervisor and the personnel of the Grant Township General Assistance Office.

You are further authorized and directed to furnish as requested oral and written reports to the aforesaid Supervisor and General Assistance Office personnel.

You are further authorized and directed to transmit by any method, including the United States Postal Service, fax and internet, copies of such documents as may be requested by the aforesaid Supervisor and General Assistance Office personnel.

I hereby revoke any previously dated Consent to Release of Information.

X _____
Client Signature

Date

X _____
Witness Signature

Date

Witness Name: _____

Witness Address: _____

Grant Township Identity Protection Policy

The Grant Township Board adopts this Identity-Protection Policy pursuant to the Identity Protection Act, 5 ILCS 179/1 et seq. The Identity Protection Act requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy to ensure the confidentiality and integrity of Social Security numbers agencies collect, maintain, and use.

It is important to safeguard Social Security numbers (SSNs) against unauthorized access because SSNs can be used to facilitate identity theft. One way to better protect SSNs is to limit the widespread dissemination of those numbers. The Identity Protection Act was passed in part to require local and State government agencies to assess their personal information collection practices, and make necessary changes to those practices to ensure confidentiality.

Social Security Number Protections Pursuant to Law

Whenever an individual is asked to provide Grant Township with a SSN, Grant Township shall provide that individual with a statement of the purpose, or purposes for which Grant Township is collecting and using the Social Security number. Grant Township shall also provide the Statement of Purpose upon request. That Statement of Purpose is attached to this Policy.

Grant Township shall not:

- 1) Publicly post or publicly display in any manner an individual's Social Security number. "Publicly post" or "publicly display" means to intentionally communicate or otherwise intentionally make available to the general public.
- 2) Print an individual's Social Security number on any card required for the individual to access products or services provided by the person or entity.
- 3) Require an individual to transmit a Social Security number over the Internet, unless the connection is secure or the Social Security number is encrypted.
- 4) Print an individual's Social Security number on any materials that are mailed to the individual, through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless State or federal law requires the Social Security number to be on the document to be mailed. SSNs may be included in applications and forms sent by mail, including, but not limited to, any material mailed in connection with the administration of the Unemployment Insurance Act, any material mailed in connection with any tax administered by the Department of Revenue, and documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the Social Security number. A Social Security number that is permissibly mailed will not be printed, in whole or in part, on a postcard or other mailer that does not require an envelope or be visible on an envelope without the envelope having been opened.

In addition, Grant Township shall not:

- 1) Collect, use, or disclose a Social Security number from an individual, unless:

- a. Required to do so under State or Federal law, rules, or regulations, or the collection, use, or disclosure of the Social Security number is otherwise necessary for the performance of Township duties and responsibilities;
 - b. The need and purpose for the Social Security number is documented before collection of the Social Security number; and
 - c. The Social Security number collected is relevant to the documented need and purpose.
- 2) Require an individual to use his or her Social Security number to access an Internet website.
 - 3) Use the Social Security number for any purpose other than the purpose for which it was collected.

Requirement to Redact Social Security Numbers

Grant Township shall comply with the provisions of any other State law with respect to allowing the public inspection and copying of information or documents containing all or any portion of an individual's Social Security number. Grant Township shall redact social security numbers from the information or documents before allowing the public inspection or copying of the information or documents.

When collecting Social Security numbers, Grant Township shall request each SSN in a manner that makes the SSN easily redacted if required to be released as part of a public records request. "Redact" means to alter or truncate data so that no more than five sequential digits of a Social Security number are accessible as part of personal information.

Employee Access to Social Security Numbers

Only employees who are required to use or handle information or documents that contain SSNs will have access. All employees who have access to SSNs are trained to protect the confidentiality of SSNs.¹

Signed

Dated

¹These prohibitions do not apply in the following circumstances: (1) The disclosure of Social Security numbers to agents, employees, contractors, or subcontractors of a governmental entity or disclosure by a governmental entity to another governmental entity or its agents, employees, contractors, or subcontractors if disclosure is necessary in order for the entity to perform its duties and responsibilities; and, if disclosing to a contractor or subcontractor, prior to such disclosure, the governmental entity must first receive from the contractor or subcontractor a copy of the contractor's or subcontractor's policy that sets forth how the requirements imposed under this Act on a governmental entity to protect an individual's Social Security number will be achieved. (2) The disclosure of Social Security numbers pursuant to a court order, warrant, or subpoena. (3) The collection, use, or disclosure of Social Security numbers in order to ensure the safety of: State and local government employees; persons committed to correctional facilities, local jails, and other law-enforcement facilities or retention centers; wards of the State; and all persons working in or visiting a State or local government agency facility. (4) The collection, use, or disclosure of Social Security numbers for internal verification or administrative purposes. (5) The disclosure of Social Security numbers by a State agency to any entity for the collection of delinquent child support or of any State debt or to a governmental agency to assist with an investigation or the prevention of fraud. (6) The collection or use of Social Security numbers to investigate or prevent fraud, to conduct background checks, to collect a debt, to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act, to undertake any permissible purpose that is enumerated under the federal Gramm Leach Bliley Act, or to locate a missing person, a lost relative, or a person who is due a benefit, such as a pension benefit or an unclaimed property benefit.

Revised 4/3/2024

Grant Township Supervisor
General Assistance Office
26725 W. Molidor Rd. Ingleside, IL 60041
Ph. 847-740-2233

Landlord / Owner Statement

Landlord should complete and sign

Date: _____

Tenant's Name: _____

Tenant's Address: _____

City: _____ State: _____ Zip: _____

Tenant's Home phone #: _____ Work #: _____

Amount of one month's rent: _____ Amount currently due for rent: _____

What utilities, if any, are included: _____?

I/We will accept \$_____ for tenant to remain in the house/apartment/room for at least 30 days. I/We further understand that if the amount accepted is less than the amount in arrears, that a payment plan has been worked out for the tenant.

Landlord / Owner's name: _____

Landlord / Owner's address: _____

City: _____ State: _____ Zip: _____

Contact person: _____

Contact phone #: _____

Landlord / Owner's tax identification number: _____

(Required for IRS form 1099)

By signing below, I certify that all information on this form is true and accurate to the best of my knowledge.

X _____

Landlord / Owner's Signature

Date

For Landlord to Complete

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin, For guidance related to the purpose of Form W-9, see Purpose of Form, below.

Print or type. See Specific Instructions on page 3.

Form sections 1-7: 1 Name of entity/individual, 2 Business name, 3a Tax classification, 3b Flow-through entity, 4 Exemptions, 5-7 Address and account information.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding.

Social security number and Employer identification number input boxes.

Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number... Certification instructions.

Sign Here Signature of U.S. person Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they