



EMERGENCY ASSISTANCE CHECKLIST

UTILITY ASSISTANCE

**ALL ITEMS CHECKED BELOW MUST BE PROVIDED OR APPLICATION WILL BE NOT BE ISSUED
NO EXCEPTIONS.**

PAPERWORK MUST BE RETURNED BY _____ BEFORE 11:30 am.

- Complete & sign EA Applicant Information Form on other side of this page. All adults in household must sign where indicated at the bottom.
- Current/valid State of Illinois ID or Illinois Driver's License for all adults in the household.
- The Emergency must be a direct result of COVID-19
- Water must not have been disconnected leading up to Mach 21, 2020 (Shelter-in-place order)
- SS Cards for all individuals in the household.
- Birth certificates for all children under the age of 18 in the household. Copies are acceptable.
- If you were NOT born in either the United States or Puerto Rico, you must provide the following: Resident Alien Card, Refugee Card or Citizenship paperwork.
- Must have income to be eligible. Acceptable income includes, but is not limited to: wages, Social Security benefits (including SSI benefits), child support, unemployment benefits, self-employment income, alimony, etc. CASH INCOME IS NOT ACCEPTABLE! You MUST provide proof of income for the past 30-days for all members of the household.
- Copy of current rental lease
- Third party documentation of a crisis (Ex: medical emergency, temporary loss of income, etc...)
- Original water and sewer bill required, (must be in applicant's name). If not in applicant's name, a copy of the lease showing you are required to pay water and sewer bill is required. Per policy, if your water has been turned off, then both entire water and sewer bill must be paid before water will be turned on.
- Copy of previous year's income tax filing and refund information (both federal & state) for applicants applying February 1st through May 31st of each year. If you have already received your income tax refund back and you are requesting assistance between February 1st and May 31st you will be required to provide proof of how you spent your refund.

If the Freeport Township payment level is not sufficient to alleviate your emergency you will be denied assistance.

By signing below, I agree to provide all items checked above in order to be considered for assistance.

Signature: _____ Date: _____

EA Applicant Information Form

Name: (First) _____ (Middle) _____ (Last) _____

SS#: _____ DOB: _____ Phone #: _____

Address: _____ Zip Code: _____

Other Members of the Household:

Name: _____ SS#: _____ DOB: _____

Name: _____ SS#: _____ DOB: _____

Name: _____ SS#: _____ DOB: _____

Name: _____ SS#: _____ DOB: _____

Name: _____ SS#: _____ DOB: _____

Please accurately answer the questions below. This information will be verified. Failure to accurately report information may result in a denial of your case.

Are you 55 years or older? YES NO

Are you disabled? YES NO

Have you or anyone in your household been convicted of a Class X or Class 1 drug felony? Yes: ____ No: ____
If "yes", What Year? _____ What County & State? _____

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 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 a water shut off notice. 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 with recipient’s water bill.

I authorize Freeport Township General Assistance office to utilize the above information in order to determine my eligibility for emergency assistance, and to investigate my background for purposes of determining if I meet the eligibility requirements of this program. I further authorize Freeport Township General Assistance to discuss my background and share my information with any local, state or federal agency as needed to determine my eligibility.

Signature _____ Date: _____

Signature _____ Date: _____