

FOLLOW-UP APPLICATION FOR ASSISTANCE

DATE: _____

VETERAN'S NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

SPOUSE OR LIVE-IN COMPANION NAME (if applicable): _____

NAMES OF CHILDREN 17 OR UNDER LIVING WITH YOU: _____

NAMES OF CHILDREN 18 OR OVER LIVING WITH YOU AND/OR CONTRIBUTING TO THE HOUSEHOLD INCOME:

BANK ACCOUNTS

BANK NAME: _____

CHECKING ACCOUNT: ACCT # _____ BALANCE: _____

SAVINGS ACCOUNT: ACCT # _____ BALANCE: _____

OTHER ASSETS: _____

BENEFITS APPLIED FOR

AGENCY	DATE APPLIED	AMOUNT RECEIVED/MONTH
TOWNSHIP GENERAL ASSISTANCE	____/____/____	\$ _____
ILLINOIS PUBLIC AID CASH GRANT	____/____/____	\$ _____
ILLINOIS PUBLIC AID FOOD STAMPS	____/____/____	\$ _____
SOCIAL SECURITY	____/____/____	\$ _____
SUPPLEMENTAL SECURITY INCOME	____/____/____	\$ _____
UNEMPLOYMENT COMPENSATION	____/____/____	\$ _____
V.A. DISABILITY	____/____/____	\$ _____
N.S.C. V.A. PENSION	____/____/____	\$ _____
OTHER RETIREMENTS	____/____/____	\$ _____
OTHER INCOME (SPECIFY) _____	____/____/____	\$ _____

FOLLOW-UP APPLICATION FOR ASSISTANCE (continued)

I (RENT) (OWN) MY (HOME) (APARTMENT) (TRAILER) CONSISTING OF _____ ROOMS WHICH _____ ROOMS ARE OCCUPIED BY MY FAMILY. MY (LANDLORD) (MORTGAGE HOLDER) IS _____ AND THEIR ADDRESS IS _____ AND THEIR TELEPHONE NUMBER IS _____. MY MONTHLY (RENT) (MORTGAGE PAYMENT) IS _____.

EMPLOYMENT

PRESENT EMPLOYER: _____ GROSS MONTHLY SALARY: _____

EMPLOYER'S ADDRESS: _____ TELEPHONE: _____

SPOUSE OR LIVE-IN COMPANION EMPLOYER: _____ GROSS MONTHLY SALARY: _____

OTHER FAMILY EMPLOYED: _____ GROSS MONTHLY SALARY: _____

TYPE OF ASSISTANCE REQUESTED

FOOD/PERSONAL HYGIENE \$ _____ VENDOR: _____

SHELTER/RENT \$ _____ VENDOR: _____

GAS \$ _____ VENDOR: _____

ELECTRIC \$ _____ VENDOR: _____

WATER \$ _____ VENDOR: _____

MISCELLANEOUS _____

VETERAN'S CERTIFICATION OF APPLICATION

I, the undersigned, certify that the information given on this Veterans Assistance Commission of Henry County follow-up application for assistance is true and correct to the best of my knowledge. I fully understand that if I falsify any information herein given, I will be determined ineligible for assistance from the Veterans Assistance Commission of Henry County. I am aware that I am eligible to reapply thirty(30) days from the date of assistance or after the first of the month if my financial situation is unchanged.

SIGNATURE _____ DATE _____