

SECTION V:

Have you applied for or are you receiving any of the following benefits?

<u>Agency</u>	<u>Date Applied</u>	<u>Amount Received</u>	
		Vet.	Spouse or other household members
Township General Assistance	___/___/___	\$ _____	\$ _____
Illinois Public Aid Cash Grant	___/___/___	\$ _____	\$ _____
Illinois Public Aid Food Stamps	___/___/___	\$ _____	\$ _____
Social Security	___/___/___	\$ _____	\$ _____
Supplemental Security Income (SSI)	___/___/___	\$ _____	\$ _____
Unemployment Compensation	___/___/___	\$ _____	\$ _____
V.A. Disability Compensation	___/___/___	\$ _____	\$ _____
N.S.C. V.A. Compensation	___/___/___	\$ _____	\$ _____
Other Retirements	___/___/___	\$ _____	\$ _____
Alimony and/or child support	___/___/___	\$ _____	\$ _____
Other income (Specify) _____	___/___/___	\$ _____	\$ _____

IF YOU HAVE APPLIED FOR ANY OF THE BENEFITS ABOVE AND BEEN DENIED, STATE THE REASON FOR DENIAL: _____

SECTION VI:

I rent ___ own ___ my home ___ apt. ___ or trailer ___. I moved in on (date) ___/___/___.
My landlord's name is _____
who lives at _____.
Their phone # is _____. My monthly rent is _____.
My previous address was _____.

SECTION VII:

BANK ACCOUNTS (For all banks and all household members)

Name of Bank _____
Checking Account # _____ Balance \$ _____
Savings or CD's Account # _____ Balance \$ _____

Name of Bank _____
Checking Account # _____ Balance \$ _____
Savings or CD's Account # _____ Balance \$ _____

Name of Bank _____
Checking Account # _____ Balance \$ _____
Savings or CD's Account # _____ Balance \$ _____

SECTION VIII:

PRESENT Employer _____ Gross Monthly Salary _____
Employer's address _____ Phone _____
PREVIOUS Employer _____ Date terminated _____
Reason for termination _____

Spouse or Live-in
Companion Employer _____ Gross Monthly Salary _____
Other in household employed _____ Gross Monthly Salary _____

SECTION IX:

MONTHLY EXPENSES

Shelter \$ _____
Electric \$ _____
Gas \$ _____
Water \$ _____
Food \$ _____

Other \$ _____

TOTAL PAST DUE

Shelter \$ _____
Electric \$ _____
Gas \$ _____
Water \$ _____
Food \$ _____

Other \$ _____

TYPES OF ASSISTANCE GRANTED

Food/Personal Hygiene \$ _____ Store Preference _____
Shelter \$ _____ Vendor Name _____
Electric \$ _____ Vendor Name _____
Gas \$ _____ Vendor Name _____
Water \$ _____ Vendor Name _____
Miscellaneous _____

VETERAN'S CERTIFICATION OF APPLICATION

I, the undersigned, certify that the information given on this Veterans Assistance Commission of Henry County application 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 _____

TERMINATIONS

An assistance recipient will be terminated for violating any portion of the HCVAC policy or the public assistance laws, misconduct or exceeding the federal poverty income standards. A person will be terminated if convicted and sentenced to a correctional or substance abuse facility. A recipient will become permanently barred for abuse or fraud. A written statement of termination shall be furnished to the recipient.

SIGNATURE _____ DATE _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby authorize any person, bank firm, corporation, transfer agent, agency, institution, or the Bureau of I.D.P.A. to furnish the Superintendent of the Veterans Assistance Commission of Henry County any request relative to accounts, deposits, investments, securities, I.D.P.A. benefits, or business of any kind what so ever.

RELEASE TO: VETERANS ASSISTANCE COMMISSION OF HENRY COUNTY

SIGNATURE _____ DATE _____