LESS THAT 30 DAYS OLD

NOTICE TO GENERAL ASSISTANCE/EMERGENCY ASSISTANCE APPLICANTS

NAME:	DATE:	
ADDRESS:	CITY:	
BELOW WITHIN <mark>7 DAYS OF THE</mark> REACHED AS TO YOUR ELIGIBII AN APPLICATION, PLEASE SUBN RESPONSIBILITY OF THE APPLIC	PPLICATION, PLEASE RETURN THE ITE E <u>DATE LISTED ABOVE</u> SO THAT A DE LITY FOR ASSISTANCE. IF YOU HAVE <u>N</u> MIT <u>ALL</u> ON LIST, FRONT AND BACK. IT CANT TO MAKE SURE ALL INFORMATIO LASSISSTANCE OFFICE. <u>PLEASE CALL</u>	CISION CAN BE OT SUBMITTED IS THE ON HAS BEEN
PROOF OF RESIDENCELEASEDEEDLETTER FROM LANDLORDSECECTION 8 OR SUBSIDIZED	O VERIFICATION	
LAST PAYMENT RECIEPTRENTMORTGAGESTATEMENT FROM LANDLOR	RD	
UTILITIES BILLS GAS ELECTRIC WATER TELEPHONE		
FROM ALL HOUSEHOLD MEMBERS SOCIAL SECURTY CARDS BIRTH CERTIFICATES PAY STUBS FOR THE LAST 60 LETTER FROM EMPLOYER SH	HOWING EARNING	
ILLINOIS EMPLOYMENT LETTER/INFORMA	ATION	

(OVER)

APPOINTMENT OR APPROVAL/DENIAL LETTER FROM I.D.H.S.
FOODSTAMPS/LINK CARD/SNAP
MEDICAL CARD
TANF
VERIFICATION OF ALL OTHER INCOME
HELP FROM FAMILY OR FRIENDS
LOANS
CHILD SUPPORT
RENTAL INCOME
SOCIAL SECURITY, PENISON
SSI
SSD
VETERANS ASSISTANCE
WORKERS COMPENSATION
OTHER
DANIZA COOLINE OF A FEMALENTED FOR THE VACO OF THE VAC
BANK ACCOUNT STATEMENTS FOR THE LAST <u>90 DAYS</u>
CHECKING
SAVINGS
CREDIT UNION
PHOTO ID SHOWING CURRENT ADDRESS
DRIVERS LICENCE OR
STATE ID
OTHER
OTHER VERIFICATION
INSURANCE POLICIES, TRUST FUNDS, BONDS, CD'S, IRA'S, 401k
DOCTOR'S STATEMENT (if not working because of an injury or illness)
CAR TITLE OR REGISTRATION
LIHEAP APPLICATION VERICATION (WILL COUNTY CENTER FOR COMMUNITY CONCERNS)
VETERANS ASSISTANCE APPLICATION VETERANS ASSISTANCE APPLICATION
VOTERS REGISTRATION
CHILD CARE COST
FIVE DAY NOTICE FOR RENT
NOTICE OF DISCONNECTION FOR UTILITIES
Norted of Disconniderion of the files
***PLEASE NOTE: THERE ARE FORM FOR YOUR SIGNATURE AT THE TIME OF YOUR
APPOINTMENT***
OTHER