



Greg Vaccaro
Township Supervisor

Dear Applicant,

Attached is an application for GENERAL ASSISTANCE. Please be aware you must have applied for all other assistance available to you before your edibility for GENERAL ASSISTANCE can be determined.

Attached also is information on how to apply for UNEMPLOYMENT BENEFITS with a special form just for Veterans. The process of certifying and applying for unemployment benefits can be completed online at www.ides.illinois.gov.

You will also need to be actively seeking work if you are not in the process of filing for SSI or disability benefits. Information to register at ILLINOIS JOB LINK is enclosed. Please provide proof of your registration or proof of your disability filing to your intake meeting. You will receive a letter in the mail regarding this appointment.

Assistance will be given in the form of vouchers (no cash is distributed). People living in subsidized housing will be on a needs-based only program.

Community hours needed will be calculated using the dollar amount of assistance needed divided by the minimum wage in the State of Illinois.

Any questions please contact the office.

GENERAL ASSISTANCE ELIGIBILITY CHECKLIST

Please answer each question below with a "yes" or "no" answer and sign when completed then return with your completed application.

1. Are you a resident of the geographical area served by the **PERU TOWNSHIP OFFICE**? _____
2. Have you applied for Social Security disability? _____ If so, original date of application _____
Date denied _____ Please provide the township with this documentation.
3. Are you currently registered with the Illinois Department of Employment Security? _____
4. Are you actively seeking work? _____
5. Are you participating in any education or vocational training? i.e. IVCC _____
6. Are you a citizen of the United States? _____
7. Have you applied for all other potential benefits (i.e. unemployment, LIHEAP)? _____
8. Have you been convicted of either a (a) Class X or Class 1 felony under the Controlled Substance ACT or the Cannabis Control Act, or (b) any comparable federal crime law since August 21, 1996? _____
9. Are you currently in violation of a probation parole? _____
10. Are you receiving cash assistance from Public Aid? _____ If not, are you ineligible because of non-cooperation, fraud, suspension, sanction, recoupment, receipt of a lump sum payment or the expiration of lifetime limits under the TANF program? _____
11. Are you receiving Supplemental Security Income (SSN)? _____ if not, are you ineligible because of non-cooperation, fraud, suspension, sanction, recoupment, or receipt of a lump sum payment? _____
12. Have you voluntarily left employment or been Fired for cause within the last 30 days? _____

I declare under the penalties of perjury that to the best of my knowledge and belief the information supplied on this form is true and correct.

Print Name

Signature

Date



1109 Peoria Street
Peru, Illinois 61354
(815) 223-0746

TOWNSHIP DOCUMENT CHECKLIST

All checked items must be provided to the Ottawa Township for determination of General Assistance. Applicants are solely responsible for obtaining the required documents. The most current and accurate information is necessary to complete and fairly assess your eligibility.

- ☐ Completed General Assistance Application (Signed and Dated)
- ☐ Driver's License or State ID for anyone age 18 or older within the household.
- ☐ Social Security cards for ALL household members.
- ☐ Birth Certificates for all household members (if birth dates not listed on Medicaid Card)
- ☐ Status of Medicaid, SNAP, SSI, SSDI, TANF Benefits: (Contact: ABE.ILLINOIS.GOV, 1-800-843-6154)
- ☐ Status of UI Findings from IDES (Contact: IDES.ILLINOIS. GOV, 1-800-244-5631)
- ☐ Documentation of all household income from past 60 days (Including but not limited to Paycheck stubs/SSI Claim/Self-Employment, Unemployment Benefits, Monetary Gifts, Loans, Other _____)
- ☐ Employment Verification Form (To be completed and signed by Employer)
- ☐ Documents supporting loss of income
- ☐ Housing late payment or eviction notice
- ☐ Utility bill in applicant's name (most recent)
- ☐ Utility late payment notice or disconnect notice
- ☐ Bank Statements (Checking and/or Savings) with applicant's name on account from past 90 days.
- ☐ Subsidized housing assistance verification
- ☐ Medical release signed by physician with status of restrictions for employment.
- ☐ Denial Letter from Veteran's Assistance commission (Contact: 815-433-1761)
- ☐ Letter of compliance from Parole/Probation Office
- ☐ Signed Consent to Release (included in this packet)
- ☐ Other

All documentation is required along with the completed application. Complete application information does not guarantee approval for assistance.