City or Township:							Date Issued:	
City or Township:						_	Date Returned:	
County:							Record Number:	
Information required in this appli	cation app	olies to the	head o	of the family a	nd all depe	ende	nts for whom the applica	tion is made.
Last Name:				Phone:				
Husband's First Name and Midd	dle Initial:			Wife's	First Name	and	Middle Initial:	
Other Names or Spellings:	_							
Address:				Date Move	d In:		Monthly Rent:	
Previous Three Addresses (incl	uding city	and state):		_				
Address 1:							Date Moved In:	
Address 2:							Date Moved In:	
Address 3:							Date Moved In:	
My family and I have lived in this	s township	since			this	cou	inty since	
and this state since								
Our last address before moving	to Illinois	was						
I am now asking for assistance	for myself	and the fol	llowing	members of	my family	who	reside with me	
Name		of Birth		Birthplace			Illinois Department of	Social
First Middle Last		Day Year	Cit	•	Relations	hip	Employment Security	Security
Thot Middle Edot	WOTEN E	Jay Tour	<u> </u>	y clate	Self/		Registration Number	Number
					Applica	nt		
In addition to those listed above assistance, are living in the same		ving relativ	es, bo	arders, lodger	rs and othe	r pe	rsons, for whom I am not	seeking
Name	Age	Relations	hip	Present Me		Am	ount Paid Monthly for Bo	
First Middle Last				Suppo	π		or Share of Household E	zpenses
2. Why do you need assistance	÷?	1						

IL 444-0040 (R-02-10) Page 1 of 4

3. Personal and Oc	cupatio	nal Informa	ation									
Marital Status:	\bigcirc	Married	Single		○Wio	dowed	$\bigcirc \complement$	Divorced		Separated	(Deserted
If married, date	of marri	age:		Loc	ation of I	Marria	ge:			•		
If separated, sta	ate reaso	on:										
The present add	dress of	my spouse	e, with whom	n I ar	n not livi	ng, is:						
Is there a court	order fo	r child sup	port? O Ye	es	○ No)						
Living Arrangen	nent: (Rent	Own									
If rent, Landlord	l's Name	:			La	andlord	l's Addres	ss:				
Related to Land	llord?(Yes	○ No If	rela	ted, relat	tionshi	p to landlo	ord:				
Military Service	: Does a	anv memb	er of vour far	milv	have cur	rent or	· previous	military	sevice?	○ Ye	es	○ No
			or previous n				P · · · · · · · · · · · · · · · · · · ·	,		C		
Date of Enlistme	ent:		Date of D	ischa	arge:			Ser	ial Numl	ber:		
If family member received A	er has cu	irrent/previ	— ious military	serv	ice, he/s	he:						
received A Compensa			did not receiv Compensatio		djusted	(es pension ncome fi	on or om suct	does r ∩ ⊃pensio		eive other income
Compensa	ition	`	Jompondatio	711		`	service		· · · · · · · · · · · · · · · · · · ·	from s		
Past Employment	:: List la	st employe	er and two lo	nges	st term e	mploye	ers for app	olicant a	nd any c	ther family	memb	er with
work history.							Monthly	Ctort	- Frad			
Family Member	Family Member Name and Address of Emplo			ss of Employer T		ork	Monthly Wage	Start Date	End Date	Reaso	n for L	eaving
Present Income a Resources:	nd Othe	r Financial	I Information	: Fill	I in every	/ blank	. If none,	write "N	lone".			
Sou	rces		Person Re	eceiv	/ina	En	nployer's	Name a	nd Addre	ess or	Wee	ekly Amount
					J		Descrip	otion of F	Resource	e		
Employment: Sal	-											
Employment: Co	mmissio	ns										
Profits from: Busi	iness											
Profits from: Emp	oloymen	in Home										
Profits from: Sale	es											
Other: (specify)												
Public Assistance	and Re	lated Publi	ic Benefits									
Sources		Person	Receiving	А	mount		Sour	ce	P	erson Recei	ving	Amount
TANF						RSD)					
AABD						Othe	er					
General Assistance	ne ne					Othe	ar .					

IL 444-0040 (R-02-10) Page 2 of 4

Other	Cash	Resou	urces
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Sources	Name of Person	Amount	Sources	Name of Person	Amount
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment Benefits			Estates/Court Orders		
Worker's Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

Danles Assessmen	11-1-1-1-			
Banks Accounts	Held by	/ Anv	′ ⊦amii\	/ Member

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

Safety Deposit Boxes Held by Any Family Member

Family Member Holding Box	Location of Box	Contents		

Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

Owned By	Description	Present Sale Value

Real Estate Owned, in Whole or Part, by Any Family Member

Recorded Owner	Address	Descritpion	Present Value	Date Purchased	Amount Last Taxes Paid	Present Monthly Income

Vehicles and Farm Equipment Owned by Any Family Member

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value

IL 444-0040 (R-02-10) Page 3 of 4

Life Insurance Police	cies, Current or	Lapsed, H	leld by A	Any Family I	Member			
Person Insured	Name of	Type P	olicy	Amount	Monthly	Date Last	Loan	s Made
1 Groot modrod	Company	1,7001	Olioy	, anount	Premium	Premium Paid	Date	Amount
Medical, Hospital, S	Surgical, or Othe	er Health E	Benefits	Available to	Any Family M	ember		
Name o	f Company			Т	ype of Coverag	 ge	Annua	al Premium
				2		, and I am mentally a		
must also say that I an approved repres This application must complete an applica	am liable for repentative. st be signed by attion, this applica	paying ber the application may	nefits that ant, how be filed	at were rece vever, if the by the spou	eived due to ind person is too il ise, parent, chi	I General Assistance correct or incomplete I, or otherwise menta Id, adult sibling, or of necessary information	information ally or physic ther relative	provided by cally unable to . If there are
and belief, the inform	mation supplied	in this app	olication	and all acc	ompanying sta	of perjury that, to the tements is true and o ny member of my imr	correct, and	that it is a
any new or addition agency, institution of	al income or res or the Departmer y be requested r	ources. F nt of Huma elative to	urther, an Servi account	I hereby aut	horize any per sh the Supervis	er in need, or in the re son, bank, firm, corp sor of General Assist securities, Railroad S	oration, tran ance whate	sfer agent, ver
Applicant Signature:		Da	ate:		Spouse Signature: ——		Date:	:
I hereby make Appli				behalf of the	e person name	ed below and certify t s/her income, assets		
Applicant:		App	licant R	epresentativ	ve Signature: _			
Applicant Represer	ntative Address:					Relationship to App	licant:	

IL 444-0040 (R-02-10) Page 4 of 4