

McLean County Emergency Assistance Application

Last Name	First Name / Middle Initial	Date of Birth	
Street Address	City	State	Zip Code
Email	Cell Phone	Home Phone	

Do you have a Social Security Number? Yes No

Marital Status:	Married, Living Together	Single, Never Married	Domestic Partner	Widowed
	Married, Living Separately	Divorced	Separated	Other

Gender:	Male	Transgender	Agender	Refused
	Female	Non-Binary	Other	

Race / Ethnicity:	Black African American	Hispanic / Latino	Native American Native Alaskan	Asian American
	Native Hawaiian Pacific Islander	White American	Multi-Racial	Refused

Primary Language: English Spanish French Other

U.S. Citizen? Yes No

Legal Resident? Yes No

Was the loss of income/crisis COVID19 related? Yes No

Briefly describe the client's crisis that occurred within the past **30** **60** **90 days**
(include documentation to support crisis):

Assistance Requested (check all that Apply)
RENTAL/MORTGAGE <i>Include lease and 5-day eviction notice</i>
WATER <i>Include late statement/disconnect notice</i>
NATURAL GAS <i>Include late statement/disconnect notice</i>
ELECTRIC <i>Include late statement/disconnect notice</i>
TRANSPORTATION <i>Include vehicle registration information</i>
MEDICAL/MEDICATION <i>Include Physician/pharmacist info/invoice</i>
OTHER _____

Special Status (check all that apply)
HOMELESS <i>Include residency verification from PATH, Safe Harbor, HSHM, Neville House, etc.</i>
FLEEING DOMESTIC VIOLENCE
VETERAN <i>Include DD-214 form, veteran ID card, or proof of service</i>
SENIOR CITIZEN (65+) <i>Include copy of ID</i>
SUBSIDIZED/SUPPORTIVE HOUSING <i>Include copy of lease indicating status</i>
OTHER _____

HOUSEHOLD INCOME & ASSETS Monthly gross / 18+ or older / past 30 days Indicate amount from each source	HOUSEHOLD BENEFITS (Past 30 days) Indicate amount from each source	HOUSEHOLD EXPENSES (Monthly) Indicate amount from each source
No Income _____	MCCA _____	Rent / Mortgage _____
P/T Employment _____	COB Township _____	Food _____
F/T Employment _____	Normal Township _____	Cable _____
Self-Employed _____	PATH _____	Electric _____
Unemployment _____	Salvation Army _____	Natural Gas _____
SSDI _____	SNAP _____	Water _____
SSA _____	TANF _____	Insurance _____
Veteran Benefits _____	LIHEAP _____	Loans / Credit _____
Child Support _____	WIC _____	Vehicle _____
Pension _____	AABD _____	Other _____
Worker's Comp. _____	RSDI _____	Other _____
Bank Accounts _____	SSI _____	Other _____
Cash on Hand _____	Other _____	Other _____
Other _____	Other _____	Other _____
TOTAL INCOME & ASSETS _____	TOTAL BENEFITS _____	TOTAL EXPENSES _____

ALL MEMBERS OF HOUSEHOLD (FAMILY, RELATIVES, BOARDERS, LODGERS, OTHER)

First	Name		Date of Birth MM/DD/YYYY	Age	Veteran	Relationship to Applicant	Gender
	M.I.	Last					

I have read this application and declare under penalties of perjury that, to the best of my knowledge and belief, the information supplied in this application and all accompanying statements is true and correct, and that it is a complete statement of all income, assets or resources belonging to me or to any member of my immediate family.

_____ Signature

_____ Date

Fax or email application and required documents to: _____ Fax

_____ Email