

TOWN OF THE CITY OF GALESBURG GENERAL ASSISTANCE OFFICE

Kimberly A Thierry, Supervisor

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APPLICATION FOR GENERAL ASSISTANCE

APPOINTMENT TIME

PRIMARY CONTACT INFORMATION

Applicant Full Name: _____ ☐ Adult

Other Names or Spellings: _____ SSN: _____

Birthdate: _____ Birthplace: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Application Date: _____

Need for Assistance: _____

PRESENT ADDRESS INFORMATION

Address 1: _____

Address 2: _____ Address 3: _____

City: _____ State: _____ Zip Code: _____

Date Moved In: _____ in Township Since: _____ in County Since: _____ in State Since: _____

Residence Status: _____ Amt/Mo: _____ Landlord: _____

Relation of Landlord: _____ Landlord Address: _____

PREVIOUS ADDRESS INFORMATION

Address	City	State	Zip	Date Moved In

MARITAL STATUS (single, married, separated, divorced, domestic partner)

Marital Status: _____ Spouse: _____

Married On: _____ Location of Marriage: _____

Reason for Separation: _____ Spouse Address: _____

ASSISTANCE UNIT MEMBERS (yourself only)

Full Name	Birth Date	Birth Place	Relationship	Social Security Number
			SELF	

OTHERS WHO RESIDE THERE (those who live with you, but you are not asking for help for)

Name	Age	Relationship	Means of Support	Monthly \$\$ They Pay for Their Expenses

MILITARY INFORMATION (have you or your father/mother ever served in the military?)

Family Member	Branch	Serial #	Enlisted	Discharged	Recv Comp?	Recv Pension?

PRESENT EARNED INCOME INFORMATION *(Are you working? Self-employed? Odd jobs?)*

Person Receiving	Source	Employer or Description of Resource	Monthly Amount

PUBLIC ASSISTANCE AND RELATED PUBLIC BENEFITS *(source = SNAP, TANF, AABD, SSI)*

Person Receiving	Source	Amount

PRESENT UNEARNED INCOME INFORMATION *(tax refunds, gifts from friends/relatives, unemployment, pension, SSDI, SS)*

Person Receiving	Source	Description of Resource	Monthly Amount

PRESENT ASSET INFORMATION *(vehicles, real estate, farm equipment, bank accts, jewelry, stocks, bonds, collectibles)*

Person Receiving	Source	Description of Resource	Amount

MEDICAL INSURANCE or MEDICAID BENEFIT INFORMATION

Name of Company	Type of Coverage	Annual Premium

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and telephone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the applicant, however, if the person is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the spouse, parent, child, adult sibling, or other relative. If there are no relatives this application may be signed by any other person able to furnish necessary information with reasonable competence.

I have read this application for General Assistance 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.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution or the Department of Human Services to furnish the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, Railroad System Disability Income benefits, or business of any kind whatsoever.

Applicant Signature: _____ Date: _____
_____ Date: _____

I hereby make Application for General Assistance on behalf of the person named below and certify that, to the best of my knowledge and belief, the information furnished herein is a true statement of his/her income, assets and resources.

Applicant: _____ Applicant Representative Signature: _____
Applicant Representative Address: _____