

Veterans Assistance Commission

MCDONOUGH COUNTY

#7 COURTHOUSE SQUARE

MACOMB, IL. 61455

PHONE 309-833-3275

Dear Veteran:

Attached you will find an Application for Emergency and Interim Assistance.

Complete and return to the VACMC with the following check list information:

- Completed and signed application
 - Print or type your answers
 - Read all instructions carefully and answer each question fully
 - Attach another sheet if you need more space
- Copy of DD214, Military Discharge
 - Photo Id(s) of Veteran & Spouse
 - Proof of marriage
 - Birth certificates of all dependent children in household
 - Social Security cards of all members of household
- Landlord/mortgage holder's agreement & [Lease Agreement](#)
- All current household utility bills
- Proof of ALL Monthly Household Income
- Proof of Application at Public Aid Food Stamps
(IDPA verification letter or VAC form completed)
- Proof of registration at Il. Department of Employment Security
(IF YOU ARE NOT CURRENTLY WORKING!)

If you need help getting this information, we will help you!

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Application for Emergency and Interim Assistance

Failure to answer each question may delay receipt of assistance

I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil or both. I certify under the penalty of perjury that the information I have provided on this application form is the truth to the best of my knowledge.

Veteran's Personal Information

VETERAN'S NAME (<i>Last, First, Middle Name</i>)		Social Security Number	Date of Birth	Place of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Other Names Used (Maiden)		Current Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Permanent Address (<i>street</i>)		City	State	Zip Code	County
Home Telephone Number	Cell Phone Number	Alternate Telephone Number		E-mail	

Spouse Information

SPOUSE'S NAME (<i>Last, First, Middle Name</i>)		Social Security Number	Maiden Name	Date of Birth	Place of Birth
Is spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If separated, date and state reason:		Present address of my spouse with whom I am <i>not</i> now living with:		
Date of Marriage	Place of Marriage	County of Marriage	You or Your Spouse Previously Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Military Service Information

Branch of Service	Last Entry Date	Last Discharge Date	Discharge Type	Military Service Number	
		Yes	No		
Are you a purple heart award recipient?			Are you receiving VA Non-Service Pension?		
Are you a former prisoner of war?			If Yes, what is the monthly amount?		\$
Do you have a VA Service-Connected Rating?			Was your discharge from military for a disability incurred or aggravated in the line of duty?		
If Yes, what is your rated Percentage?			%	Are you receiving disability retirement pay instead of VA Compensation?	

Household Size

List: **All** dependent people currently residing in your household including you.

If you need more room, attach another sheet of paper.

(Veteran, Spouse, Dependent child(ren) under 18 / Adopted Children / Full Custody of Child(ren))

1. NAME (Last, First, Middle Name)			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship SELF	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. NAME (Last, First, Middle Name)			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Spouse	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. NAME (Last, First, Middle Name)	Social Security #	Date & Place of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. NAME (Last, First, Middle Name)	Social Security #	Date & Place of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. NAME (Last, First, Middle Name)	Social Security #	Date & Place of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. NAME (Last, First, Middle Name)	Social Security #	Date & Place of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Information

List: **All** people currently employed in your household including you. **If you need more room, attach another sheet of paper.**

Complete the following and **attach proof** for the last month.

Are you currently working? Yes No ***If you were FIRED or VOLUNTARILY LEFT give reason why:**
 Disabled Voluntarily Left Laid Off Fired

Are you receiving unemployment benefits?
 Yes No * Proof of registration at Illinois Job Service

*** If answer is No give Reason:**

If you are not working list previous employer

Name of Person Working	Name of Employer	Telephone Number	E-mail	Date of Hire*
Address (street)		City	State	Zip Code
County	Number of Hours Worked Weekly?		Amount Paid (including tips) before Taxes?	How Often Paid?
Supervisors Name				
* If date of employment is less than one (1) year list previous employer:				

Name of Person Working	Name of Employer	Telephone Number	E-mail	Date of Hire*
Address (street)		City	State	Zip Code
County	Number of Hours Worked Weekly?		Amount Paid (including tips) before Taxes?	How Often Paid?
Supervisors Name				
* If date of employment is less than one (1) year list previous employer:				

Living Expenses

List: All household expenses.

Daily Living				Monthly Payment Amount
Groceries				\$
Child care				\$
Dining out				\$
Child Support				\$
Home				Monthly Payment Amount
Mortgage/rent				\$
Utilities				\$
Telephone / Cell Phone				\$
Transportation				Monthly Payment Amount
Gas/fuel				\$
Insurance				\$
Year:	Model:	Make:	1 Car Payment	\$
Year:	Model:	Make:	2 Car Payment	\$
Financial obligations				Monthly Payment Amount
Credit card payments				\$
Misc				\$
Health				Monthly Payment Amount
Prescriptions				\$
Over-the-counter drugs				\$
Co-payments/out-of-pocket				\$
Personal				Monthly Payment Amount
Clothing				\$
Salon/barber				\$
Entertainment/Dues/Subscriptions				Monthly Payment Amount
Cable TV				\$
Internet connection				\$

Household Income

List: All dependent people currently receiving income in your household including you.

If you need more room, attach another sheet of paper.

Does anyone named on this form get money from any source other than employment?
(Such as VA Compensation or Pension, Social Security, child support, spousal support, rental property, unemployment benefits, pensions, trusts, etc.)

Complete the following and **attach proof for the last month:**

Name of Person	Source of Income	Monthly gross income (before any deductions)	Date started receiving income:
Name of Person	Source of Income	Monthly gross income (before any deductions)	Date started receiving income:
Name of Person	Source of Income	Monthly gross income (before any deductions)	Date started receiving income:

Conviction Information

In the last ten (10) years, have you been convicted of:

- (a) Felony
- (b) Alcohol or drug related offense
- (c) Crime involving dishonesty (such as perjury, fraud, or passing bad checks)?

If so, list the nature of the offense(s), the County/State of the crime/conviction, and the punishment relating to each conviction.

Yes No

Nature of the Offense (s):

Punishment:	City	State	County
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Applicants must give true and complete information. If an applicant willfully misrepresents, lies, or provides false information to qualify for or receive assistance, the VACMC may permanently deny the applicant benefits. If an applicant attempts to receive any benefits based on false or fraudulent information, that applicant may also be fined, charged with a crime, and/or reported to the Internal Revenue Service (IRS).

Applicant/recipient cooperation in determining eligibility is required. Willful failure or refusal of the applicant/recipient to cooperate with the VACMC shall result in the denial or termination of assistance, based on the VACMC's inability to determine eligibility.

Red-flagged: A determination by the VACMC that an applicant will be denied services for a minimum of **twelve (12)** consecutive months.

This determination may be made where:

- (a) Applicant has made to the VACMC a misrepresentation to obtain assistance
- (b) Applicant has harassed, intimidated, or been verbally/physically abusive with VACMC staff

I certify under the penalty of perjury that the information I have provided on this application form is the truth to the best of my knowledge.

Signature of Applicant

Date

APPEAL RIGHTS:

If you disagree with the determination of this office, you may file an appeal to the executive committee of the MCDONOUGH COUNTY VETERANS ASSISTANCE COMMISSION. Your appeal must be filed in this office within **nine (9)** days after the date of the aforesaid determination, if it was mailed to you, or within **seven (7)** days of the aforesaid determination, if it was conveyed to you personally. Appeal forms are available on request.

Assistance Requested	Amount
Shelter	\$
Utilities (Electric and Gas)	\$
Water	\$
	\$
	\$
Have you or has anyone who lives with you ever applied for assistance from MCDONOUGH COUNTY VAC ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes when:	Any other VAC local offices? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes where?

Please explain request for assistance. Reason for Financial Hardship:

If this application was initiated by someone else on behalf of the applicant, please sign below:

_____ Relationship _____ Date _____
 Signature of Initiated Applicant

Address		City	State	Zip Code	County
Phone Number	Alternate Phone Number		E-mail		

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MCDONOUGH COUNTY
#7 COURTHOUSE SQ
MACOMB, IL. 61455
PHONE 309-833-3275

AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize any person, bank firm, corporation, transfer agent, agency, institution, or the bureau of Illinois Department of Public Aid to furnish the

*VETERANS ASSISTANCE COMMISSION
OF
MCDONOUGH COUNTY*

any request relative to accounts, deposits, investments, securities, Illinois Department of Public Aid benefits, or business of any kind what so ever.

Signature

Date

On this date personally appeared before me,

and he/she acknowledged the foregoing affidavit and release as his/her free and voluntary act for the use and purpose therein contained on this

_____ day of _____ 20_____

NOTARY PUBLIC

Veterans Assistance Commission

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MACOMB, IL. 61455
PHONE 309-833-3275

LANDLORD

To be completed

by ONLY:

I, _____ certify that I am not related to the tenant in any way and I am the landowner of the property located at:

#	Street Name	City	State	Zip
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I agree to accept payment from VAC of MCDONOUGH COUNTY for:

First	MI.	Last
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The amount of the monthly rent is \$ _____ Date Due _____

Eviction Process started: Yes No Past Due \$ _____

Name check should be made payable to:

Signature of Owner/Manager

Phone Number

Mailing Address

SSN / FIN of Business
(MUST Complete W9 if business)

City State Zip code

Date

I understand that it could take up to
4 weeks before receiving a check from

MCDONOUGH COUNTY

* Completion of this form does not guaranty payment

OFFICE USE ONLY

DENIED RENTAL ASSISTANCE _____

GRANTED RENTAL ASSISTANCE _____



Veterans Assistance Commission

3116 N Dries Ln Suite 200
Peoria IL 61604
(309) 681-2554
(309) 681-2558 Fax

Michael Brooks - Superintendent
Trisha Collins - VSR

Department of Public Aid

2301 NE Adams St
Peoria, IL 61603
PH# (309) 686-8700
FAX# (309) 686-8724

Township Relief

1500 N. E. Jefferson
Peoria, IL 61603
PH# (309) 674-8237
FAX# (309) 674-8347

Community Action Agency

711 W. McBean Street
Peoria, IL 61605
PH# (309) 671-3900
FAX# (309) 671-3620

Salvation Army

414 N. E. Jefferson
Peoria, IL 61603
PH# (309) 655-7272
FAX# (309) 497-3720

Illinois Department of Employment Security

406 Elm Street
Peoria, IL 61605
PH# (309) 671-3113
FAX# (309) 671-3066

Family House – Christian Service

800 NE Madison Ave.
Peoria, IL. 61603
PH# (309) 671-5200
FAX# (309) 671-5206

VETERANS HOMELESS PROGRAM

Jennifer Johnson, MSW
Peoria Outpatient Clinic
411 Dr. Martin Luther King Dr
Peoria IL 61605-2400
Phone (309) 497-0790 ext 47114