

8:30-11:00am  
1:00-3:30pm  
Monday-Friday

**TOWN OF THE CITY OF PEORIA, ILLINOIS**

Joseph P. Whalen, Township Supervisor  
205 SW Adams St, Peoria, IL 61602  
309-674-8237

**EMERGENCY ASSISTANCE INTAKE FORM**

DATE: \_\_\_\_\_ Instructions to Client- **10 days** to return completed form or reapply

APPLICANT: \_\_\_\_\_ CASE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_

**INTAKE INTERVIEW:**

Applying for: \_\_\_\_\_ Income: \_\_\_\_\_

Public Aid: \_\_\_\_\_

Living with?: \_\_\_\_\_

Rent or own: \_\_\_\_\_ Medical coverage: \_\_\_\_\_

**SAMPLE ONLY**

You are applying for **EMERGENCY ASSISTANCE**. The items checked below and this form must be returned to this office **10 days** of the date of request, so that the application can be processed and a decision reached on your eligibility. If you need more time getting the information, notify this office at **674-8237 ext. 100** to get an extension, otherwise your application will be denied and you must reapply.

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's license or photo ID with Social Security/Medicare card for Applicant/Household. | <input type="checkbox"/> Landlord Verification form OR copy of lease.   |
| <input type="checkbox"/> Birth certificates/ school registration for all Children.                                | <b>OR</b>   |
| <input type="checkbox"/> Marriage license/divorce decrees.  | <input type="checkbox"/> Property tax bill, or Mortgage Statement, or Contract for Deed.                      |
| <input type="checkbox"/> Utility bills for Ameren IL <b>current</b> and in the Applicant's name.                  | <input type="checkbox"/> Pay stubs for last four weeks or tax return for all working adults in the household. |
| <input type="checkbox"/> Public Aid verification.<br>(Cash grants, food stamps, medical)                          | <input type="checkbox"/> Proof of Unemployment/Retirement benefits.   |
| <input type="checkbox"/> Other:   | <input type="checkbox"/> Proof of Social Security benefits.   |
|   | <input type="checkbox"/> Proof Child Support payments received.   |
|   | <b><u>OR if NO Income:</u></b>  |
|   | <input type="checkbox"/> Signed Statement of Support.   |

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**PEORIA TOWNSHIP EMERGENCY ASSISTANCE LANDLORD FORM**

I verify that I am renting to: \_\_\_\_\_ who is living at: \_\_\_\_\_  
\_\_\_\_\_

I verify that the amount of rent is: \_\_\_\_\_ and this tenant has lived here \_\_\_\_\_ mos/years

Is the tenant responsible for all utilities? YES NO (If NO specify \_\_\_\_\_)

Is the rent current? YES NO (If NO specify \_\_\_\_\_)

Is continued tenancy probable? YES NO (If NO specify \_\_\_\_\_)

OWNER'S SIGNATURE ONLY: \_\_\_\_\_ Owner's phone # \_\_\_\_\_

Owner's address \_\_\_\_\_

CLIENT Signature: \_\_\_\_\_

I verify that this document is accurate and signed by \_\_\_\_\_ OWNER (Print name) \_\_\_\_\_

**SAMPLE ONLY**

**PEORIA TOWNSHIP EMERGENCY ASSISTANCE RESOURCE SHEET**

1. Have you applied with any agency other than this Township Office this month? (Please circle YES/NO)

Social Security/SSI	YES NO	Public Aid	YES NO
Other	YES NO	Unemployment Comp	YES NO

2. Have you received any income other than General Assistance this month? (Please circle YES/NO)

Social Security/SSI	YES NO	Public Aid	YES NO
Other	YES NO	Unemployment Comp	YES NO

3. Have you received or are you seeking any court settlements? YES NO

4. If you are employed, please submit any pay stubs, etc., for all monies received.

Your Signature: \_\_\_\_\_ Address: \_\_\_\_\_

(Falsification of any information on this page by anyone is considered a violation of the Assistance Code and duly prosecutable. Failure to complete this sheet could affect the client's eligibility.)