

2323 South Fourth Street • DeKalb • IL • 60115  
Phone • 815-758-8282 Fax • 815-758-0124

In order to determine the eligibility for public assistance for yourself and/or other members of your family for whom you are applying, it is necessary that you return copies of all check list items with your completed application.

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**EVERYONE MUST INCLUDE for everyone you are applying for assistance for:**

- Drivers Licenses/State ID       Social Security Cards       Birth Certificates (Or Citizenship Paper)
- Lease / Proof of Current Address (notarized letter from landlord)       DHS Food Stamp/Link Award Letter
- 30 Days of Pay Stubs or other documents to verify employment       W2's       1099's  
OR       Unemployment Benefits or Current Denial Letter
- All Other Income:       TANF       Child Support       Other \_\_\_\_\_
- All Bank Accounts/Records (open/closed) last 60 days       All Prepaid Card Statements  
(such as Chime, Net 10, etc.)
- Health Insurance Card, Access to Care or DHS Medical Card.

**EVERYONE MUST INCLUDE the following ONLY IF IT APPLIES TO YOU:**

- Marriage Certificate and/or Divorce Decree
- Government Benefits such as:       Pension       Annuities       Workmen's Compensation
- Proof of Pensions       Retirement Funds       Stocks & Bonds (List all)
- Armed Forces Notice regarding Allotment       Proof of Registration for www.illinoisworknet.com
- Property Ownership:       Current Tax       Utility Deed       Mortgage Papers       Other Items
- All Papers for Legal Claims (past 5 years)       Parole Papers/Releases (past 5 years)

**DISABLED CLIENTS**

Award Letter:       SSA       SSI       SSDI

- Doctor Evaluation form OR letter on letterhead stating client cannot work.
- Proof of application and/or denial appeal for SSI or SSDI

**CLIENTS AT RISK OF EVICTION**       5-day/10-day Notice from Landlord       1099 Landlord Form

**CLIENT SEEKING UTILITY ASSISTANCE** (ComEd, Nicor, Water)       Disconnect notice and/or       Final bill required.

Two (2) Denials or approvals from other agencies:

Agency Name \_\_\_\_\_ Name of who you spoke with: \_\_\_\_\_

Agency Name \_\_\_\_\_ Name of who you spoke with: \_\_\_\_\_

**DEKALB TOWNSHIP PROCESSING FOR:**

\*\*\*\* **OFFICE USE ONLY** \*\*\*\*

- Afton Township       Franklin Township       Magnolia Township       Pierce Township       South Grove Township
- Clinton Township       Genoa Township       Malta Township       Sandwich Township       Squaw Grove Township
- Cortland Township       Kingston Township       Mayfield Township       Shabbona Township       Sycamore Township
- Milan Township       Somonauk Township       Victor Township

Date: \_\_\_\_\_       GA       EA       DeKalb Township