

Health & Human Services  
Office of General Assistance  
Lorraine H. Morton Civic Center  
2100 Ridge Ave  
Evanston, IL 60201  
P: 847.448.8112  
F: 847.448.8057

EMERGENCY ASSISTANCE SERVICES  
REQUEST FOR ADDITIONAL INFORMATION

APPLICANT NAME: \_\_\_\_\_

- The following documents are required for the HEAD OF HOUSEHOLD (Must be state Issued ID with current address).
- Social Security Cards for ALL members of the household.
- Proof of citizenship or legal residency (i.e., birth certificates, residency cards, etc.)
- Proof of household income for the past thirty (30) days. Pay stubs must have name, pay dates/periods and social security number (or last four digits). **Households receiving SSI, Aid to the Aged, Blind and Disabled (AABD) or Temporary Aid for Needy Families (TANF) are not eligible for EAS supported with General Assistance Funds.**
- Verification that you have applied for Unemployment Compensation Benefits (UCB), Social Security (SSI/SSD), Temporary Aid for Needy Families (TANF) (if applicable) and/or Food Stamps (SNAP).
- Current Checking/Savings statement.
- ALL household bills for the pasty thirty (30) days: ComEd, Nicor, Evanston Water, childcare, etc. Including, current bill and delinquency notice for utilities pending disconnection and receipts of paid household expenses.
- Current eviction notice or other notice. Notice must show amount owed and the period the amount covers, excluding late fees and/or other charges.
- Current lease. *Note if the delinquent period is not in the current lease, you also need to provide a copy of the previous lease or an EAS Landlord Verification form of the tenancy and the amount of the delinquent rent owed, excluding late fees and/or other charges.*

(OVER)

- Proof of payment for the amount of the delinquent rent in the excess of the maximum of \$1,500.00 month, being requested. Excluding late fees and/or other charges.
  - Proof of reason how/why the emergency occurred. (i.e., loss of hours/wages, reduction in unemployment, illness, interruption in food stamps (SNAP), burial expense, car repair on vehicle required for travel to /from work.)
  - Referral from HUD certified Housing Counseling agency for Mortgage Assistance (must provide all accompanying documents.)
  - Delinquent condo assessment notice from Condo Association or Management Company.
  - Other:
- 

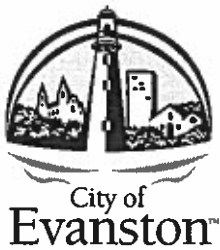
All necessary documentation must be presented in order for an application to be processed. A maximum of thirty (30) days is allowed for the return of the required documentation on an application is taken. If the required documents are not received after thirty (30) days, the application will be automatically denied and the process must be restarted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Staff Signature

\_\_\_\_\_  
Date



Health & Human Services  
 Office of General Assistance  
 Lorraine H. Morton Civic Center  
 2100 Ridge Ave  
 Evanston, IL 60201  
 P: 847.448.8112  
 F: 847.448.8057  
 Mon-Fri 8:30a.m -5:00 p.m.

EMERGENCY ASSISTANCE SERVICES  
 APPLICATION FOR ASSISTANCE

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Apt#: \_\_\_\_\_ Evanston, IL 6020

Phone Number: \_\_\_\_\_

Please list all dependent household members:

<u>Name</u>	<u>Birthdate</u>	<u>Name</u>	<u>Birthdate</u>
_____	__/__/__	_____	__/__/__
_____	__/__/__	_____	__/__/__
_____	__/__/__	_____	__/__/__

Please list any other family household members, their ages, source of income and amount contributed to living costs:

<u>Name</u>	<u>Age</u>	<u># of Children</u>	<u>Income Source</u>	<u>Contribution Amount</u>
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____

Please list any non-family members in your household:

<u>Name</u>	<u>Age</u>	<u># of Children</u>	<u>Income Source</u>	<u>Contribution Amount/Rent</u>
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____

EMERGENCY ASSISTANCE SERVICES  
APPLICATION FOR ASSISTANCE

Date of your last income: \_\_\_\_\_

The source of your last income: \_\_\_\_\_

The amount of your last income: \_\_\_\_\_

How long have you lived in Evanston? \_\_\_\_\_

Please mark (X) the service area you are applying: Housing \_\_\_ Utility \_\_\_ Food \_\_\_

The reason(s) you are requesting emergency services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the basis of this application, please check the agencies you have applied to our sought assistance. You must submit the paperwork you received from these agencies.

CEDA/NAW \_\_\_\_\_ City of Evanston \_\_\_ Connections \_\_\_\_\_ Interfaith Housing \_\_\_\_\_

Public Aid \_\_\_\_\_ Salvation Army \_\_\_\_\_ Social Security \_\_\_\_\_ Unemployment \_\_\_\_\_

Other \_\_\_\_\_

**CLIENT'S RIGHTS AND RESPONSIBILITIES**  
**PLEASE READ BEFORE SIGNING TO PRECEED WITH THE REQUEST**

*I understand, that by signing this application form, I consent to any investigation made by Emergency Assistance Service (EAS) to verify, confirm and exchange information I have given or any other investigation made in connection with my request for assistance.*

*I agree, to inform Emergency Assistance (EAS) within FIVE (5) days of any change in my household needs, income, property, living arrangements and/or address.*

*I understand that giving false information to receive services can result in referral for prosecution for fraud.*

*I understand that the office has up to THIRTY (30) days from receipt of ALL information to make a written decision.*

*I understand, that if I am not satisfied with the action taken on my request, I can request an Administrative Review, which will be handled per procedure and receive the results in writing.*

*By signing, I acknowledge the information given during the eligibility process is true and correct, to the best of knowledge and belief.*

Applicant: \_\_\_\_\_

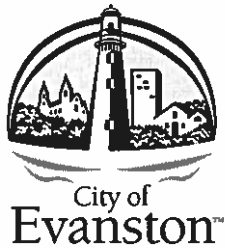
Date: \_\_\_\_\_

Spouse: \_\_\_\_\_

Date: \_\_\_\_\_

Proxy: \_\_\_\_\_

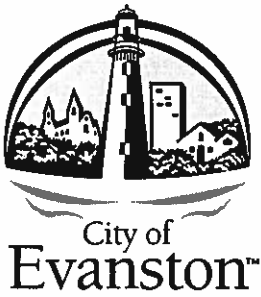
Date: \_\_\_\_\_



Health & Human Services  
Office of General Assistance  
Lorraine H. Morton Civic Center  
2100 Ridge Ave  
Evanston, IL 60201  
P: 847.448.8112  
F: 847.448.8057  
Mon-Fri 8:30a.m -5:00 p.m.  
<http://www.cityofevanston.org/health>

## ELIGIBILITY REQUIREMENTS FOR EMERGENCY ASSISTANCE

1. A RESIDENT OF EVANSTON
2. DOCUMENTED EMERGENCY SITUATION
3. NOT ELIGIBLE TO RECEIVE GENERAL ASSISTANCE. *(If the household has ZERO INCOME or below the monthly income by General Assistance, it is required the individual apply for GENERAL ASSISTANCE not Emergency Services.)*
4. HOUSEHOLD GROSS INCOME AT OR BELOW 200% POVERTY GUIDELINES FOR UTILITY, RENT AND/OR FOOD ASSISTANCE. *(Note: An exception can be made if extenuating circumstances can be documented showing/verifying the use of excess income for an emergency situation.)*
5. HOUSEHOLD GROSS AT OR BELOW H.U.D 80% MEDIAN INCOME FOR MORTGAGE AND CONDOMINIUM ASSESMENT/FEEES ASSISTANCE.
6. IN ORDER TO BE ELIGIBLE FOR ANY EMERGENCY SERVICES FUNDED WITH GENERAL ASSISTANCE FUND DOLLARS, THE CLIENT MUST MEET THE BASIC ELIGIBILITY CRITERIA FOR GENERAL ASSISTNCE DEFINED BELOW:
  - a. Be a resident of the State of Illinois and reside in Evanston.
  - b. A United States Citizen or an alien admitted under the color-of-law.
  - c. Eligibility is assessed each year. A year is measured from the time or date of the service, not a calendar year. A client is not automatically entitled to receive services each year.
  - d. **Under no circumstance can a client receive General Assistance, Temporary Aid for Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), or Supplemental Security Income (SSI) and received any emergency services being supported with General Assistance funds.**
7. Assistance will not be given, if it does not alleviate the problem. Applicant must show the ability to sustain moving forward.



Health & Human Services  
Office of General Assistance  
Lorraine H. Morton Civic Center  
2100 Ridge Ave  
Evanston, IL 60201  
P: 847.448.8112  
F: 847.448.8057  
Mon-Fri 8:30a.m -5:00 p.m.  
<http://www.cityofevanston.org/health>

**EMERGENCY ASSISTANCE SERVICES  
CONSENT TO RELEASE INFORMATION FORM**

I recognize the need to work closely with the City of Evanston staff by providing information and documents requested and otherwise, cooperating fully. I authorize the City of Evanston staff to act on behalf in order to address my housing, utility and/or food needs, including the right to request information and receive information from outside sources when necessary; such as , Landlords, Employers, other Governmental Agencies and non-profit organizations.

For the particular service(s) I am requesting, I hereby authorize the following agencies/organizations and/or individuals to share information with the City of Evanston and the City of Evanston, may share information with them:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the City of Evanston will act in my best interest when sharing information. I further understand it may be necessary for the City to contact other entities that I may not have identified above.

\_\_\_\_\_  
Client Signature

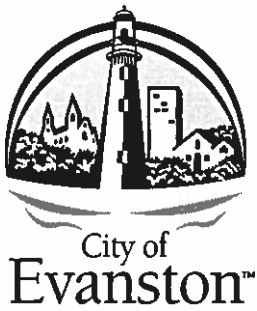
\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City of Evanston Staff



Health & Human Services  
Office of General Assistance  
Lorraine H. Morton Civic Center  
2100 Ridge Ave  
Evanston, IL 60201  
P: 847.448.8112  
F: 847.448.8057  
Mon-Fri 8:30a.m -5:00 p.m.  
<http://www.cityofevanston.org/health>

**EMERGENCY ASSISTANCE SERVICES  
CLIENT'S RESPONSIBILITY FORM**

I understand that I may receive assistance with delinquent rent and/or utility assistance **only** if I am determined and **if funds are available**.

I have applied to the following agencies for Food, Rent and/or utility assistance (please specify below).

---

---

I give the City of Evanston, permission to verify all information I have submitted with this application.

I further understand it may be necessary for the City of Evanston and other agencies to share information in order to assist me.

I also understand, making an application for assistance does not release me from my obligation to pay all outstanding rent and/or utility bills.

Applicant: \_\_\_\_\_

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

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

Soc. Sec #: \_\_\_\_\_

Date: \_\_\_\_\_

City of Evanston Staff: \_\_\_\_\_