

GRUNDY COUNTY
2013 FLOOD ASSISTANCE
PROGRAM

in partnership with

Operation St. Nick, We Care &
Grundy Community Foundation

Please review the application materials thoroughly.
Ensure that you have all of the required documentation,
INCLUDING A PRINTED PHOTO OF THE DAMAGE

Once completed contact the We Care office at
815-942-6389
to make your appointment.

We Care of Grundy County, Inc.

520 W. Illinois Ave.

Morris, IL 60450

Phone: (815) 942-6389 Fax: (815) 942-4556

2013 FLOOD ASSISTANCE

- Receipt of rent packet does not guarantee eligibility. You must use the application to prove you are eligible by completing the application and providing documentation of a short-term crisis and proof of your ability to pay your rent the following month
- Rent/ Mortgage Packets **MUST** be completed and returned within 30 days of date received by applicant. Any discussions regarding rental assistance that took place more than 30 days ago may no longer be valid. Please call the office to re-assess your situation if more than 30 days have passed.
- Read and complete all applicable pages of the rent packet.
- Once you have obtained **ALL** documents (see document checklist on page 9) and assessed your own eligibility, please call to make an appointment to return your application for review. The review appointment will take approximately ½ hour. All additional documentation must accompany the packet for the application to be accepted.
- When the packet is returned, it will be reviewed by a We Care staff person to assess eligibility. At that time, the We Care staff person may require additional documentation that would support your application, even if such documentation has not been specifically requested in the application itself. If potentially eligible for assistance, your landlord will be contacted for further information before a final decision is made. No final decision will be made until landlord confirms your current status
- Completed applications will not be accepted for the current month when rent is more than five days past due.
- Rent will not be paid until it is within 5 days of being due

Date Received by applicant _____

Staff Initials _____

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APPLICATION FOR ASSISTANCE

Date: _____

Head of Household's Name _____

Street Address _____

Mailing Address (if different then Street Address) _____

City _____ Zip Code _____

Primary Phone _____ Social Security Number ____/____/____

Secondary Phone _____

Date of Birth ____/____/____ Age _____ Gender: M F

Number of Adults in Household _____ Number of Children in Household _____

Local Contact *This should be someone who will always know how to get in touch with you if both of your phone numbers have changed and you are no longer at the current address:* Name _____

Phone _____ Relationship to You _____ Town _____

<u>Other Household Member's Names</u> <small>(First and Last)</small>	<u>Gender</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Sec. #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOUSEHOLD DATA

Disabled: Y N Veteran: Y N Section 8: Y N Reliable Transportation Y N

Medicaid: Y N Medicare: Y N Health Insurance: Y N

Food Stamps: Y (Amt: _____) N Applied LIHEAP: Y N Applied

Do you need help with enrollment into or restoration of any type of public benefits? Y N

Office Information Only
Gave food stamp application _____ Referred to LIHEAP _____

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ETHNICITY

Black/not Hispanic
White/not Hispanic
Hispanic
Nat. American/Alaskan
Asian
Other

FAMILY TYPE

Single Parent/Female
Single Parent/Male
Two Parent
Couple/NoChild
Single Person

EDUCATION

Highest Level Completed:
0-8
9-12 (non HS Grad)
HS Grad/GED
12+
College Grad - 2 year, 4 year, or 4+

HOUSING STATUS

Rent
Rent - Subsidized
Own Home
Homeless
Other

SOURCE OF INCOME

Circle all that apply and provide gross (before taxes) amounts for past 30 days:

Employment _____ SocSec _____
Unemployment _____ SSI _____
TANF _____ Disability _____
GA _____ Pension _____
Child Support _____ Other _____

Total gross monthly income for last 30 days from all sources combined: _____

Rent Amount: _____ Rent Due on: _____

Mortgage Amount (P&I only): _____ Mortgage Due on: _____

What day did you last pay your rent/mortgage? _____

What month did this payment cover? _____

Other than the current month, have you missed any previous payments that remain unpaid? Yes No
If yes, which months have you missed? _____

Landlord /Mortgage Company (Name, Address, Phone# and Fax #) _____

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

Applicant Statement: I certify that the information on this application is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation, and by my signature, I authorize this agency to verify the information provided on the application and to contact others (utility companies, landlords, public aid, housing authorities, unemployment, employers, and/or other sources) to release such information as may be required for the determination of my eligibility. I also authorize release of the information given to others for the purpose of securing assistance on my behalf from other agencies. This release of information will be in effect for one year from the date below.

Signature of Applicant _____ Date _____

Signature of We Care Staff _____ Date _____

FOR OFFICE USE: Date last rent asst. received: _____ Amount of last rent asst.: _____
Funding source for last rent asst.: DHS EFSP SA

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Emergency Food and Shelter Program Release Form

By accepting assistance from EFSP for rental/ mortgage assistance, you agree to release your:

- Name
- Address
- Type of assistance
- Date of assistance
- Dollar amount
- Name of the agency that assisted you

This information will be reviewed for the purpose of program monitoring by the local board members who are representatives for the following agencies:

- United Way
- Salvation Army
- Catholic Charities
- Kendall-Grundy Community Action Services
- LaSalle-Grundy Department of Human Services
- Grundy County Health Department
- Grundy County Housing Authority
- Morris Hospital
- Morris Ministerial Association
- Grundy County Hospice
- Educational Services
- Township Office
- American Red Cross
- Will Grundy Center for Independent Living
- We Care of Grundy County
- Northern Illinois Food Bank

The board will confidentially review your documentation in the event of a grievance or every two years for auditing.

By signing this form, you agree and understand that following two years of assistance, your case will be assessed and to qualify in the future, you may have to attend credit counseling or a budgeting seminar.

Please be advised that this program requires six-month housing follow-up, someone from our office will be calling you.

Failure to sign will result in ineligibility for the program.

Signature _____

Date _____

Witness _____

Date _____

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Budget Sheet

Gross Income (before taxes) for Last 30 days

for all persons living at address
List all sources of income and amounts,
including food stamps, pensions, child support,
SSI, and any other aid.
You must include verification of all sources.

Source Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Current Income Total:	_____

Anticipated Next 30 days Gross Income
(before taxes) for all persons living at address

****You must have a source of income or
anticipated income that exceeds expenses**

Source Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Future Income Total:	_____

Average Monthly Expenses

List the average amount spent on the
following expenses.

Rent or Mortgage: _____

Utilities: _____

Electric _____

Gas _____

Water _____

Phone _____

Food/Groceries: _____

Transportation: _____

Car Payment _____

Gas _____

Insurance _____

Bus/Taxi _____

Medical Insurance: _____

Childcare: _____

Education: _____

Laundry: _____

Clothing: _____

Recreation: _____

Cable/Internet: _____

Credit Card (s): _____

Loans: _____

Any other monthly
expenses: _____

Total of Average

Monthly Expenses: _____

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Documentation Checklist

Client Initials	Date	Case Manager Initials	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Identification for every member of the family.
Current photo ID for head of household and either Social Security cards or Birth Certificates for other members
2. Current lease or mortgage agreement.
4. Verification of income for the last 30 days
Pay stubs, statements from employers or agencies and/or award letters must be provided for all sources of income over the last 30 days.
6. Proof that you live in the apartment/ house for which you are seeking assistance (unless assistance is for first month's rent)
A utility bill or stamped envelope sent through the mail will suffice
8. Completed Budget Form (included in packet)
The enclosed budget form is completed. Your income must be greater than your expenses to qualify. You must provide proof of all income, including proof of future income.
9. Verification of economic hardship
The reason, and supporting documentation, of why you are unable to pay your rent/mortgage this month.