



APPLICATION FOR GENERAL ASSISTANCE

Revised 9.16.2025

Date Issued: _____

MILTON TOWNSHIP OF DuPage COUNTY

Date Returned: _____

The information required applies to THE HEAD OF THE FAMILY AND ALL DEPENDENTS FOR WHOM THE APPLICATION IS MADE.

1. GENERAL INFORMATION:

Applicant's First, Middle, & Last Name: _____ Applicant's Phone: _____

Applicant's Email: _____

Spouse's First, Middle, & Last Name: _____ Spouse's Phone: _____

Other Names or Spellings for applicant or spouse: _____

Current Address: _____ Date Moved In: _____

Current City, zip: _____ Monthly Rent \$\$: _____

Previous three addresses (including CITY and STATE) of APPLICANT:

Address 1: _____ Date Moved In: _____

Address 2: _____ Date Moved In: _____

Address 3: _____ Date Moved In: _____

My family and I have lived in this Township since the approximate date of _____, in _____ County since the approximate date of _____, and in the state of Illinois since the approximate date of _____.

I AM NOW ASKING FOR ASSISTANCE FOR MYSELF AND THE FOLLOWING MEMBERS OF MY FAMILY, WHO RESIDE WITH ME.

Name			Date of Birth			Birthplace		Relationship	IL Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	MM	DD	Year	City	State			
								Self / Applicant		

IN ADDITION TO THOSE LISTED ABOVE, THE FOLLOWING RELATIVES, BOARDERS, LODGERS AND OTHER PERSONS, FOR WHOM I AM NOT SEEKING ASSISTANCE, ARE LIVING IN THE SAME HOUSE (PLEASE LIST ALL NAMES OR WRITE 'NONE' IF NO ADDITIONAL INDIVIDUAL(S)).

Name			Age	Relationship	Present Means of Support	Amount Paid Monthly for Board, Lodging, or Share of Household Expenses
First	Middle	Last				

2. WHAT KIND OF ASSISTANCE ARE YOU SEEKING?



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3. PERSONAL AND OCCUPATIONAL INFORMATION

Marital Status: Married Single Widowed Divorced Separated Deserted

If married, dated of marriage: ___ / ___ / _____ Location of Marriage: _____

If separated, reason for separation: _____

The present address of my spouse, WITH WHOM I AM NOT LIVING, is: _____

Child Support: Is there a court order for child support? Yes No

Living Arrangement: Rent Own Homeless

If rent, Landlord's Name: _____

Landlord's Address: _____

Related to Landlord: Yes No If related, relationship to Landlord: _____

Military Service: Does any live-in member of your family have current or previous military service? Yes No

If 'Yes', name of family member who has current or previous military service: _____

Date Enlisted: ___ / ___ / ___ Date Discharged: ___ / ___ / ___ Serial Number: _____

If 'Yes', check status of income from the Military for family member:

- Received Adjusted Compensation
- Did not receive Adjusted Compensation
- Receives pension or other income from such service
- Does not receive pension or other income from such service

PAST EMPLOYMENT: LIST LAST EMPLOYER AND TWO LONGEST TERM EMPLOYERS FOR APPLICANT AND ANY OTHER FAMILY MEMBER WITH WORK HISTORY. (PLEASE LIST ALL NAMES OR WRITE 'NONE' IF NO ADDITIONAL INDIVIDUALS)

Family Member	Name and Address of Employer	Type of Work	Monthly Wage	Start Date	End Date	Reason for Leaving

PRESENT INCOME AND OTHER FINANCIAL INFORMATION: (PLEASE LIST ALL EMPLOYERS OR WRITE 'NONE' IF NO ADDITIONAL INCOME RESOURCES)

Sources	Person Receiving	Employer's Name and Address or Description of Resource	Weekly Amount
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Employment in Home			
Profits from: Sales			
Other: (specify)			

PUBLIC ASSISTANCE AND RELATED PUBLIC BENEFITS: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO ADDITIONAL ASSISTANCE)

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			SNAP		
General Assistance			Other		



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OTHER CASH RESOURCES: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO ADDITIONAL CASH RESOURCE(S))

Sources	Name of Person	Amount	Sources	Name of Person	Amount
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment Benefits			Estates/Court Orders		
Worker's Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

BANKS ACCOUNTS HELD BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO BANK ACCOUNT(S))

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

SAFETY DEPOSIT BOXES HELD BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO SAFETY DEPOSIT BOX)

Family Member Holding Box	Location of Box	Contents

PERSONAL PROPERTY (I.E., SECURITIES, STOCKS, BONDS, JEWELRY, LIVESTOCK, ETC.) HELD BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO PERSONAL PROPERTY)

Owned By	Description	Present Sale Value

REAL ESTATE OWNED, IN WHOLE OR PART, BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO REAL ESTATE)

Recorded Owner	Address	Description	Present Value	Date Purchased	Date Last Taxes Paid	Amount Last Taxes Paid	Present Monthly Income

VEHICLES AND FARM EQUIPMENT OWNED BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO VEHICLES OR FARM EQUIPMENT)

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value



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LIFE INSURANCE POLICIES, CURRENT OR LAPSED, HELD BY ANY FAMILY MEMBER: (PLEASE LIST ALL THAT APPLY OR WRITE 'NONE' IF NO ADDITIONAL LIFE INSURANCE POLICIES)

Person Insured	Name of Company	Type Policy	Amount	Monthly Premium	Date Last Premium Paid	Loans Made	
						Date	Amount

MEDICAL, HOSPITAL, SURGICAL, OR OTHER HEALTH BENEFITS AVAILABLE TO ANY FAMILY MEMBER

Name of Company	Type of Coverage	Annual Premium

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and telephone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying the benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the applicant, however, if the person is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the spouse, parent, child, adult sibling, or other relative. If there are no relatives this application may be signed by any other person able to furnish necessary information with reasonable competence.

I have read this application for General Assistance and declare under penalties of perjury that, to the best of my knowledge and belief, the information supplied in this application, and all accompanying statements is true and correct, and that it is a complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, government agency, profit or not-for-profit agency, institution or the Department of Human Services to furnish the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, Railroad System Disability Income benefits, or business of any kind whatsoever.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

I hereby make Application for General Assistance on behalf of the person named below and certify that, to the best of my knowledge and belief, the information furnished herein is a true statement of his/her income, assets and resources.

Applicant's Signature: _____

Applicant Representative's Signature: _____

Applicant Representative Address: _____

Relationship to Applicant: _____

MILTON TOWNSHIP GENERAL ASSISTANCE OFFICE
Elizabeth Higgins-Beard, Supervisor

1492 Main Street
Wheaton, IL 60187

Phone: (630) 668-1616
Fax: (630) 668-1608

CONSENT TO RELEASE OF INFORMATION

TO: (Name of entity or person to whom consent is directed)

FROM: (Name of person authorizing release of information)

You are hereby authorized and directed to release to or permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Supervisor of General Assistance and the personnel of the General Assistance Office (GAO) named above of any and all such information as may be requested by the aforesaid Supervisor or GAO personnel.

You are further authorized and directed to furnish as requested oral and written reports to the aforesaid Supervisor and GAO personnel.

You are further authorized and directed to transmit by any method, including the United States Postal Service, fax and internet, copies of such documents as may be requested by the aforesaid Supervisor and GAO personnel.

I hereby revoke any previously dated Consent to Release of Information.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please print the following:

Name of Witness: _____

Address: _____

