



HANOVER
TOWNSHIP
General Assistance

7431 Astor Ave, Hanover Park, IL 60133
Phone 630-540-9085 – Fax 630-289-1035

Client Name: _____ Date: _____

Address: _____

Ethnicity (Please circle): Caucasian/White | African American/Black | Asian/Pacific Islander | Hispanic | Multi-Racial/Other

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 allow us to see and copy the items below.

Please bring these items to this office during your scheduled appointment time.

- | | |
|---|---|
| <input type="checkbox"/> Drivers License or State ID (must be current address) | <input type="checkbox"/> Armed Forces notice regarding allotment |
| <input type="checkbox"/> Social Security Card (must be original) | <input type="checkbox"/> All record of bank accounts open or closed, trust funds and safety deposit boxes (W2 forms and/or letters, if applicable) <i>Must provide 3 months.</i> |
| <input type="checkbox"/> Birth Certificate (Citizenship papers, etc.) | <input type="checkbox"/> List of all stocks or bonds |
| <input type="checkbox"/> Proof of your current address (current lease or notarized letter from landlord) | <input type="checkbox"/> All individual and group health and life insurance policies. (including those policies on which you are no longer paying) <ul style="list-style-type: none">• If N/A—Access to Care |
| <input type="checkbox"/> Proof of Marriage <input type="checkbox"/> Divorce papers | <input type="checkbox"/> If property is owned or jointly owned: all papers such as current tax and utility deeds, fire insurance policies, fuel bills and mortgage papers or other items. |
| <input type="checkbox"/> DHS food stamp/Link card award letter | <input type="checkbox"/> All papers relating to legal claims or actions during the past five (5) years. *Including release or parole papers. |
| <input type="checkbox"/> IDES-Unemployment Compensation Benefits or <u>current</u> denial letter. | <input type="checkbox"/> Other documents or information (specify): <ul style="list-style-type: none"><input type="checkbox"/> Background check filled out (<i>in office</i>)<input type="checkbox"/> _____ |
| <input type="checkbox"/> Proof of current registration for Illinois Skills Match. (register online or at unemployment office) | |
| <input type="checkbox"/> 1099 Landlord form | |
| <input type="checkbox"/> Last six(6) pay stubs or other documents to verify employment | |
| <input type="checkbox"/> All record of other income. Including child support, TANF, etc. | |
| <input type="checkbox"/> <u>Any</u> government benefits such as: Pension or annuities, Workmen’s Compensation. Social Security Disability benefits such as Old-Age and Survivors Insurance. | |

For Clients who are Disabled:

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

Brian P. McGuire
Supervisor