**GA Applicant Information Form**

**Name: (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Middle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Members of the Household:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please accurately answer the questions below. This information will be verified. Failure to accurately report information may result in a denial of your case.**

**Do you have income? (Link is not income) Yes No** If you are working, you must provide proof from the last 30-days

**Are their minor children living in the household? Yes No Are you pregnant? Yes No**

**Are you actively receiving LINK/SNAP benefits? Yes No If Yes, $ \_\_\_\_\_\_\_\_\_\_\_\_ Link/Snap**

**Have you been convicted of a Class X or Class 1 felony Involving drugs? Yes No**

 **If Yes, What Year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What County & State?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date your last rent or mortgage was paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a Veteran? Yes No**

**Have you ever lived in a Rockford Housing Authority or Winnebago County Housing Authority Property?**

**Yes No If so when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I authorize Harlem Township General Assistance office to utilize the above information in order to determine my eligibility for assistance, and to investigate my background for purposes of determining if I meet the eligibility requirements of this program. I further authorize Harlem Township General Assistance to discuss my background and share my information with any local, state or federal agency as needed to determine my eligibility.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FOR OFFICE USE ONLY** |
| **UCB** |  | **COOK** |  |
| **DHS** |  | **ID/DL** |  |
| **WINN** |  | **DATE LAST INQUIRY** |  |
| **WI** |  | **DATE LAST INTAKE** |  |
| **EMAG** |  | **DATE LAST GRANT** |  |
| **DOC** |  | **OTHER:** |  |