

McLean County Emergency Assistance Application

Last Name	First Name / Middle Initial	Date of Birth	
Street Address	City	State	Zip Code
Email	Cell Phone	Home Phone	

Do you have a Social Security Number? Yes No

Marital Status:	Married, Living Together	Single, Never Married	Domestic Partner	Widowed
	Married, Living Separately	Divorced	Separated	Other

Gender:	Male	Transgender	Agender	Refused
	Female	Non-Binary	Other	

Race / Ethnicity:	Black African American	Hispanic / Latino	Native American Native Alaskan	Asian American
	Native Hawaiian Pacific Islander	White American	Multi-Racial	Refused

Primary Language: English Spanish French Other

U.S. Citizen? Yes No

Legal Resident? Yes No

Was the loss of income/crisis COVID19 related? Yes No

Briefly describe the client's crisis that occurred within the past **30** **60** **90 days**
(include documentation to support crisis):

Assistance Requested (check all that Apply)
RENTAL/MORTGAGE <i>Include lease and 5-day eviction notice</i>
WATER <i>Include late statement/disconnect notice</i>
NATURAL GAS <i>Include late statement/disconnect notice</i>
ELECTRIC <i>Include late statement/disconnect notice</i>
TRANSPORTATION <i>Include vehicle registration information</i>
MEDICAL/MEDICATION <i>Include Physician/pharmacist info/invoice</i>
OTHER _____

Special Status (check all that apply)
HOMELESS <i>Include residency verification from PATH, Safe Harbor, HSHM, Neville House, etc.</i>
FLEEING DOMESTIC VIOLENCE
VETERAN <i>Include DD-214 form, veteran ID card, or proof of service</i>
SENIOR CITIZEN (65+) <i>Include copy of ID</i>
SUBSIDIZED/SUPPORTIVE HOUSING <i>Include copy of lease indicating status</i>
OTHER _____

HOUSEHOLD INCOME & ASSETS Monthly gross / 18+ or older / past 30 days Indicate amount from each source	HOUSEHOLD BENEFITS (Past 30 days) Indicate amount from each source	HOUSEHOLD EXPENSES (Monthly) Indicate amount from each source
No Income _____	MCCA _____	Rent / Mortgage _____
P/T Employment _____	COB Township _____	Food _____
F/T Employment _____	Normal Township _____	Cable _____
Self-Employed _____	PATH _____	Electric _____
Unemployment _____	Salvation Army _____	Natural Gas _____
SSDI _____	SNAP _____	Water _____
SSA _____	TANF _____	Insurance _____
Veteran Benefits _____	LIHEAP _____	Loans / Credit _____
Child Support _____	WIC _____	Vehicle _____
Pension _____	AABD _____	Other _____
Worker's Comp. _____	RSDI _____	Other _____
Bank Accounts _____	SSI _____	Other _____
Cash on Hand _____	Other _____	Other _____
Other _____	Other _____	Other _____
TOTAL INCOME & ASSETS _____	TOTAL BENEFITS _____	TOTAL EXPENSES _____

ALL MEMBERS OF HOUSEHOLD (FAMILY, RELATIVES, BOARDERS, LODGERS, OTHER)

First	Name		Date of Birth MM/DD/YYYY	Age	Veteran	Relationship to Applicant	Gender
	M.I.	Last					

I have read this application 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.

_____ Signature

_____ Date

Fax or email application and required documents to: _____
Fax

_____ Email



**Community Development Block Grant
COVID-19 Direct Aid Affidavit - Verification of Crisis**

I, _____, attest to the fact that my family's total household income has been affected by COVID 19 due to the following:

Mark all that apply.

I have been laid off of my employment with _____ on _____
Employer Name Date

A family member has been laid off from _____ on _____
Employer Name Date

My income has been drastically decreased due to my hours being cut. _____
EmplH

Household income has decreased due to a family member's hours. _____
Employer

My income has decreased due to caring for my children at home.

Household income has decreased due to caring for an ill or quarantined family member.

I am unable to work myself due to illness.

I am unable to work since I am member of vulnerable demographic affected by COVID 19.

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. I understand that I am responsible for repayment of any funding provided on my behalf based on fraudulent information.

Signature of Applicant Date



AUTHORITY TO VERIFY APPLICATION INFORMATION

By signing this document, I, _____ (first name, last name), hereby authorize the City of Bloomington, a municipal corporation, to verify the financial information I provided on the Application for the City of Bloomington's Direct Aid Program, including, but not limited to employment and income history, bank or similar account balances, credit history, outstanding debts, and mortgage and/or rental payment delinquency. I hereby authorize the City of Bloomington to make necessary inquiries to determine my eligibility for the City of Bloomington's Direct Aid Program. Further, the City of Bloomington is authorized to make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective beneficiary under its Direct Aid program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective program beneficiary may be delayed or rejected.

_____	_____	_____	_____
Applicant Signature	Date	Co-applicant Signature	Date
_____		_____	
Applicant Name (typed or printed)		Co-applicant Signature	