

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: _____

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