



**APPLICATION FOR THE FOLLOWING SERVICES**  
**UTILITIES**  
**RENT**  
**MORTGAGE**  
**EMERGENCY SHELTER**

**YOUR APPLICATION CAN BE TURNED IN AS FOLLOWS:**

**FAX:** 815-933-0635

**EMAIL:** HSERVICESFORMS@KCCSI-CAP.ORG

**MAIL** 657 E. COURT ST.

**DROP OFF:** KANKAKEE IL 60901 (SUITE 207 or DROP BOX)

**IF YOU DROP THE INFORMATION OFF, IT MUST BE IN A SEALED ENVELOPE. YOU CAN SUBMIT WHAT YOU HAVE, WE WILL REQUEST ADDITIONAL INFORMATION IF NEEDED!**

**YOU MUST SUBMIT THE PACKET AND DOCUMENTS NO LATER THAN 15 DAYS FROM THE DATE IT IS SIGNED. IF IT IS RETURNED AFTER THE 15 DAYS, THE AGENCY RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION.**

**\*\*ALL REQUESTS FOR UTILITY ASSISTANCE WILL FIRST BE REFERRED TO KCCSI'S LIHEAP AND/OR LIHWAP PROGRAMS\*\***

**SEE PAGE 2 FOR THE INFORMATION YOU NEED TO SUBMIT WITH YOUR APPLICATION**

**Please contact KCCSI staff if you have any questions.**

**Phone: 815 933 7883**

**Hours: M-F 8:00am to 5:00pm**



**WEBSITE [kccsi-cap.org](http://kccsi-cap.org) \* 657 E. COURT ST., SUITE 207 \* KANKAKEE, IL 60901  
PHONE 815-933-7883 \* FAX 815-933-0635**

The following items are needed to begin the application process within the Community Services Department of KCCSI. Please submit all the items with the packet.

Additional information may be required.

- PHOTO ID WITH A KANKAKEE COUNTY ADDRESS FOR EVERYONE 18 AND/OR OLDER** *(cannot be expired)*
- SOCIAL SECURITY CARDS FOR EVERYONE**
- PROOF OF INCOME FROM ALL SOURCES FOR THE PAST 30 DAYS**
  - IF ANYONE 18 OR OLDER DOES NOT HAVE INCOME, THAT PERSON MUST PROVIDE A PRINTOUT FROM IDES AND COMPLETE A 0-INCOME AFFIDAVIT
- MEDICAL CARD**
- CURRENT SNAP (FOOD STAMPS) NOTICE OF DECISION**
- PROOF EMERGENCY OR NEED:**
  1. 5-DAY EVICTION NOTICE *or*
  2. COURT ORDERED EVICTION *or*
  3. FIRE REPORT *or*
  4. CODE ENFORCEMENT EVICTION *or*
  5. LETTER FROM THE PERSON YOU ARE CURRENTLY STAYING WITH STATING THAT YOU CANNOT STAY WITH AND WHY *or*
  6. MORTGAGE ARREARAGE STATEMENT
- CURRENT SIGNED LEASE**
- THOSE REQUESTING SHELTER MUST ALSO SUPPLY A CURRENT ALPHA REPORT THAT IS DATED WITHIN THE PAST 30 DAYS**
- THOSE REQUESTING UTILITY ASSISTANCE MUST SUPPLY THE MOST RECENT UTILITY BILL (MUST SHOW A PAST DUE BALANCE) AND DISCONNECTION NOTICE**
- THOSE WHO RECEIVED A REFERRAL MUST SUBMIT A COPY OF THE REFERRAL TO THE AGENCY**

**The packet with the requested information must be returned no later than 15 days from the date it is signed. If it is returned after the 15 days, the agency reserves the right to request additional information. The agency reserves the right to request proof of income for the past 90-days.**

DATE / / Program: Human Services Service Requested:

Head of Household Name: First Middle Initial Last Social Security Number: - - -

Address City Zip

Phone Number ( ) Marital Status Primary Language Family Size #

Housing Status RENT / OWN / OTHER Rent Amount \$

Do you receive Food Stamps? YES / NO If yes, amount \$ Do you have health insurance? YES / NO

Is the Head of Household any of the following: FARMER SEASONAL FARMER VETERAN

ALL Family Members:

Social Security Number	Name Last, First	Relationship	Date of Birth	Age	Sex	Disabled?	Race	Education Level	30/90-day income	Source of Income
		HOH								

Do/did services provided help you to become self-sufficient? Yes No TOTAL FAMILY INCOME

Applicant statement: I certify that the information contained in my application is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation, and by my signature I authorize others to release information as may be required for the determination of my eligibility.

Signature of HOH: Date KCCSI signature: Date

YOUR EMAIL ADDRESS:



REQUEST FOR SERVICES	RESPONSE
Who in the home is requesting assistance?	
What service are you requesting? <i>Circle all that apply</i>	<p style="text-align: center;"><b>EMERGENCY SHELTER / RENT HELP</b></p> <p style="text-align: center;"><b>UTILITY HELP / MORTGAGE HELP</b></p>
Did you receive any of the following? <i>Circle all that apply</i>	<p style="text-align: center;"><b>EVICTION NOTICE / PAST DUE MORTGAGE</b></p> <p style="text-align: center;"><b>DISCONNECTION NOTICE / HOMELESS</b></p>
If you are homeless, please provide a brief explanation of why.	<hr/> <hr/> <hr/> <hr/>
For all other service requests, what happened that caused you to fall behind?	<hr/> <hr/> <hr/> <hr/> <hr/>
How much are you behind?	<hr/> <hr/> <hr/>
Did you try to make a payment arrangement?	<p style="text-align: center;"><b>YES / NO</b></p>
What was the arrangement?	<hr/> <hr/> <hr/> <hr/>
If you did make an arrangement and could not uphold it, why?	<hr/> <hr/> <hr/> <hr/>

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**90 Day Income - BREAK DOWN**

Source	Amount
Employment	
Pension	
TANF	
Food Stamps	
Social Security	
SSI	
Unemployment	
Child Support	
Other	

As the head of household, Are you currently employed Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list your last 2 jobs**

**Employer 1:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Full Time / Part Time** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_

**Reason Leaving:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employer 2:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Full Time / Part Time** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_

**Reason Leaving:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**As the Head of Household, Are you satisfied with your current education? Y / N**

**Highest level of Education you completed:** \_\_\_\_\_

**Name of institution:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Last year of attendance:** \_\_\_\_\_

**Type of degree, if any:** \_\_\_\_\_

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**Do you have a current driver's license? Y / N**

**Do you have a car with insurance? Y / N**

**Do you use public transportation? Y / N**

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**Do you use local pantries? Y / N**

**Are you ever hungry and skip meals? Y / N**

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**Are you experiencing any problems that counseling or mental health services might help you with? Y / N**

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**Do you use alcohol or drugs? Y / N**

**Would you like information about support groups? Y / N**

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**Are you currently homeless? Y / N**

**If not homeless:**

**Do you rent? Y / N**

**Do you stay with someone? Y / N**

**Is your rent Subsidized? Y / N**

**How much is your rent? \$\_\_\_\_\_**

**Do you own your home? Y / N**

**How much is mortgage payment? \$\_\_\_\_\_**

**What utilities do you pay? water sewer gas electric (Circle all that apply)**

**Do you have shut offs (disconnection notices) on any of the bills? Y / N**

**If so, which one(s) \_\_\_\_\_**

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**Are any of your children having problems in school? Y / N**

**Do you currently have an open case with DCFS? Y / N**

**Are you experiencing any stress that negatively impacts your family? Y / N**

**Do you need child care to be able to work? Y / N**

**If you have child care, how much do you pay? \$\_\_\_\_\_**



**Please check all that apply**

<b>Question</b>	<b>Yes</b>	<b>No</b>
<b>Do you have birth certificates for all family members</b>		
<b>Do you have social security cards for all family members</b>		
<b>Are all adults registered to vote</b>		
<b>Are the children up to date on immunizations</b>		
<b>Do the children receive regular medical check ups</b>		
<b>Have you ever been to prison</b>		
<b>Are you on parole or probation</b>		
<b>Do you volunteer in the community</b>		
<b>Are you the primary care giver for a seriously ill family member</b>		

**Please list your short term (3-6 month) goals here:**

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**Please list your long term (1 year or more) goals here:**

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## Universal Signature Page/ PÁGINA DE FIRMA UNIVERSAL

**IMPORTANT NOTICE:** This state of Illinois grantee agency, Kankakee County Community Services, Inc. , is requesting disclosure of information that is necessary to accomplish a complete application for:

<input checked="" type="checkbox"/>	Community Service Block Grant (CSBG)
<input type="checkbox"/>	Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program

**APPLICANT STATEMENT:** I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

Applicant Name/ Nombre: \_\_\_\_\_

Applicant Signature/Firma: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal and Family with Zero-Income Affidavit**

This form must be completed if the applicant or a family member in their household is 18 years and older and has reported no income for the last 90 days.

<b>Applicant's Name</b>	
Household Member	
Household Member	
Household Member	
Household Member	
Household Member	

I hereby certify that those listed above have no income. We met our basic living expenses by:

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I certify that the information above is true and correct. I understand I may be required to provide proof of any information given. I understand that providing false information will result in the denial of my application.

\_\_\_\_\_  
Applicant/Head of Household Signature

\_\_\_\_\_  
Printed Name If Head of Household



## Responsibility of Benefits & Disclosure

By signing below:

I understand that it can take 60-90 days for the vendor to receive payment from the date my application is approved.

I understand that I may not receive benefits because of federal funding cuts and/or exhaustion of benefits, even if I am determined to be eligible.

I also understand that I am responsible for paying all current and outstanding utility bills, including mortgage and rent.

I certify that the information on my application is true and correct to the best of my knowledge. I understand requesting disclosure of information is necessary to accomplish the purpose of the Human Services Program. Disclosure of this information is required. Failure to provide any information will result in this application not being processed. I certify that the information is not provided with the intent to commit fraud.

I certify that a representative from KCCSI has provided my household with information regarding child support.

I hereby acknowledge that the information related to determining my eligibility requires verification and documentation. By my signature, I authorize others to release such information as may be required for the determination of eligibility. I hereby consent to waive my right of confidentiality for the limited purpose of allowing KCCSI the opportunity to obtain information from all applicable parties to determine eligibility.

I also give permission to KCCSI to complete a follow up with me for up to 2 years from the date of approval.

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Signature

Date

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Intake Worker

Date



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I, \_\_\_\_\_

**give the KCCSI staff permission to contact my landlord or mortgage company in reference to my application.**

\_\_\_\_\_  
*Landlord / Mortgage Company Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Landlord / Mortgage Company Phone Number*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



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## OPT-OUT FORM

I, \_\_\_\_\_, have been provided with the information concerning all programs. Below are the programs I will be applying for AND not applying for.

I understand that I can come back later to apply for services I opted out of on today.

<u>Service</u>	<u>Interested</u>	<u>Opt-Out</u>
<ul style="list-style-type: none"> <li>• Assistance with Rental</li> </ul> Must have 5-day Eviction Notice (Excludes sub housing)		
<ul style="list-style-type: none"> <li>• Assistance with Mortgage</li> </ul> Must have Mortgage Arrears Statement		
<ul style="list-style-type: none"> <li>• Assistance With Shelter</li> </ul> Must be homeless		
<ul style="list-style-type: none"> <li>• Weatherization Program</li> </ul>		
<ul style="list-style-type: none"> <li>• Assistance with Water and Sewer</li> </ul> Must have a shut-off notice or shut off		
<ul style="list-style-type: none"> <li>• ComEd Hardship</li> </ul> Must Meet Hardship Requirements Eligible to apply every 2 years, if approved		
<ul style="list-style-type: none"> <li>• Emergency Furnace</li> </ul> Must be the homeowner and approved for LIHEAP		
<ul style="list-style-type: none"> <li>• PIPP</li> </ul> Must have ALL documents at the time of application		
<ul style="list-style-type: none"> <li>• LIHEAP</li> </ul> Gas assistance only Electric assistance only		
<ul style="list-style-type: none"> <li>• SCSEP</li> </ul> Must be 55+ and unemployed		
<ul style="list-style-type: none"> <li>• Child Support</li> </ul> Information regarding how to apply for child support services in Illinois		

**Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Intake Worker:** \_\_\_\_\_

**Date:** \_\_\_\_\_