



**RESIDENTIAL PANDEMIC UTILITY BILL ASSISTANCE PROGRAM  
(Assistance Program Application)**

**INSTRUCTIONS**

Please print or type clearly. All questions must be answered, applications must be signed, and all required statements and forms attached. All information will be kept confidential and is only for use by Village staff.

Return the completed form to the following email address:  
[WilmetteGrantApplication@wilmette.com](mailto:WilmetteGrantApplication@wilmette.com)

Or can be mailed to the following address:  
 Finance Department  
 Village of Wilmette  
 1200 Wilmette Avenue  
 Wilmette, IL 60091

For further information or for questions please call: 847-251-2700

**APPLICATIONS MUST BE RECEIVED PRIOR ON OR BEFORE JULY 31, 2021**

**APPLICANT INFORMATION**

Name:

Address:

City: Wilmette

State: Illinois

Zip: 60091

Contact Email:

Contact Phone Number:

**HOUSEHOLD INFORMATION**

Are you a current resident of Wilmette? Yes  No

Village of Wilmette Utility Bill Account Number:

Current Outstanding Balance on Village of Wilmette Utility Bill: \$ \_\_\_\_\_



Is your utility account current past due by greater than 30 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your utility account go 30 days past due after March 23, 2020? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your utility account go 30 days past due prior to April 30, 2020? Yes <input type="checkbox"/> No <input type="checkbox"/>

**FINANCIAL INFORMATION**

How many members are there in your household?

List ALL individual members of your household:

Gross Income, please provide annual income totals below and supporting documentation such as W-2's, SSA-1099, IRS Form 1099, or other documents to substantiate assistance need.

Salaries, Wages, and Commissions Received:	\$	
Social Security Received:	\$	
Pension and Retirement Funds Received:	\$	
Dividends and Interest Received:	\$	
Cash Regularly Received from Others:	\$	
Other:	\$	
<b>GROSS ANNUAL INCOME:</b>	<b>\$</b>	

Did you suffer job loss due to the onset of the COVID-19 pandemic? If yes, please provide details  
 Yes  No

Did you suffer income loss due to the onset of the COVID-19 pandemic? If yes, please provide details  
 Yes  No

Extenuating circumstances; please use this space to explain any deviations from eligibility guidelines.



<b>ATTACHMENTS</b>
<input type="checkbox"/> Federal tax returns (2019 and 2020) Form
<input type="checkbox"/> State tax returns (2019 and 2020) Form
<input type="checkbox"/> W-2 Form (2019 and 2020)
<input type="checkbox"/> Social Security 1099 Form (2019 and 2020)
<input type="checkbox"/> Illinois Department of Employment Security (IDES) Statement of Benefits
<input type="checkbox"/> Other (Please Explain)

<b>ATTESTATION, ACKNOWLEDGMENT &amp; SIGNATURE</b>	
<p>I/We, the undersigned, state that the information on this application is correct to the best of my/own knowledge. I/We understand that funds approved by the Village of Wilmette are for one-time assistance only to be used for the purpose of assisting with residential utility bills and that there is no guarantee of assistance. I/We understand that the Village accepts no liability in extending any financial assistance. I/We understand that assistance will be made as a direct transfer to pay the outstanding balance of a Village-issued utility bill.</p> <p>Execution of this application constitutes a grant agreement and creates specific obligations on the part of the Applicants, and I hereby affirm that I/We have reviewed and understand the Administrative Rules governing the Assistance Program. I/We hereby affirm that I/We have full legal capacity to authorize the filing of this application and that to the best of my knowledge and belief, the information stated in this application and in all supporting documentation is true and accurate. I/We am aware that any false, fictitious, or fraudulent statements or claims may subject me/us to criminal, civil or administrative penalties. I/We hereby agree that I/We personally guarantee any refund required pursuant to failure to strictly adhere to the Administrative Rules and the Assistance Program parameters. I/We permit Village representatives to make all reasonable inspections and investigations of financial information during the process period of this application.</p>	
Applicant Signature:	Date:
Signature of Spouse or Other Eligible Applicant	Date:
Printed Name:	