

**Village of Wilmette
Housing 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 the Housing Commission. The Housing Assistance Program is directed by and funded through the Wilmette Housing Commission. For further information or if you have questions, please call (847) 853-7522.

Return the completed form to: **Wilmette Housing Commission
1200 Wilmette Avenue
Wilmette, IL 60091**

Name: _____

Address: _____

Phone: (day/eve) _____ **Social Security #** _____

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 allocated for the Wilmette Housing Assistance Program are for a period of twelve (12) months only. Completion of this application does not guarantee that I/we will be eligible for assistance. I/We also state that there is no objection to a personal, confidential in-home interview with a member of the Wilmette Housing Commission as required by the program.

Applicant's Signature _____

Signature of Spouse/Other Applicant _____

Date _____

How did you hear about the program? _____

Please check here if you were previously enrolled in the program

Are you enrolled in the State of Illinois Tax Deferral Program? Yes No

Emergency Information

Please supply the name, address, and phone number of a person we can reach if you are unavailable.

Relationship to Applicant: _____

Did this person help fill out the application? Yes No

Revised 4/15/04

A. HEAD OF HOUSEHOLD

1. AGE: _____

If under 62 years of age, the applicant is only eligible if he or she is not employed on a full-time basis and is certified by a physician as being permanently disabled. A person shall be considered to be permanently disabled when he or she is certified by a physician to have a permanent physical, mental, or other health condition that prevents the person from holding full-time employment.

Please check the following box and attach the physician's certification if the applicant is a disabled head of household.

Disability form attached

2. TOTAL NUMBER OF YEARS IN WILMETTE: _____

B. HOUSEHOLD IDENTIFICATION

1. TYPE OF RESIDENCE (circle one): APARTMENT HOUSE CONDO OTHER

If "OTHER", please explain: _____

2. OTHER RESIDENTS OF HOUSEHOLD

Relationship: _____ Age: _____

Relationship: _____ Age: _____

C. HOUSING COSTS

I am requesting (circle one): **Rent** **Mortgage** **Property Tax** assistance.

1. IF YOU RENT

a. What is your present monthly rent? _____

b. Is the cost of heat included in your rent? YES NO

c. To whom do you pay your rent (name and address and phone number)?:

A copy of your lease must accompany your application

E. DEDUCTIBLES

Un-reimbursable and uninsured medical and dental expenses shall include such medical expenses as Medicare premiums, cost of Medicare A and B deductibles, cost of other health insurance premiums, costs of medical services and products not covered by public or private medical insurance, costs related to visual, hearing or dental problems, or other similar medical expenses. Extraordinary un-reimbursable medical expenses incurred after the end of the calendar year being used for determining income may be taken into account by the Housing Commission, provided that income from the same period is also considered.

Please itemize deductibles on page 5 and provide the total below.

TOTAL DEDUCTIBLES \$ _____

F. ADJUSTED GROSS INCOME \$ _____
Subtract **Total Deductibles** from **Gross Total Income**
to obtain adjusted gross income

G. MONETARY ASSETS
(not including home and one car, as of date of application)

CASH \$ _____
Please include total amount including savings accounts, checking accounts, certificates of deposit, etc. Attach copies of appropriate bank, savings and loan, or money market statements.

MARKETABLE SECURITIES
List each of these securities and their current total value in the space below.

<u># of Shares</u>	<u>Name of Company</u>	<u>Total Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MARKETABLE SECURITIES \$ _____

BUSINESS OWNED \$ _____

REAL ESTATE NOT INCL. RESIDENCE \$ _____

TOTAL ASSETS \$ _____

H. UNUSUAL FACTORS

Briefly indicate any other factors you wish the Housing Commission to consider when reviewing your application – please use an additional sheet if needed.

Do you anticipate any substantial changes in your situation over the next twelve (12) months?

I. ITEMIZATION OF DEDUCTIONS

Please record the total at the bottom of Paragraph E on page 4.

<u>ITEM</u>	<u>COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FOR OFFICE USE ONLY

tax bill _____	W-2 form _____	assets summary _____
disability _____	SS 1099 form _____	referral letter _____
Federal form _____	savings statement _____	lease _____
IL tax form _____	checking statement _____	other _____