

EMERGENCY ASSISTANCE APPLICATION COVER SHEET & RELEASE  
McLean County  
Community Development Block Grant (CDBG) Program

Please provide the following (if available/applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> Driver's License or State ID for anyone age 18 or older in the household                               | <input type="checkbox"/> Documentation of all household income received in prior 3 months (paystubs, unemployment, etc.) |
| <input type="checkbox"/> Social Security cards for all household members  | <input type="checkbox"/> Mortgage, lease, or letter with terms of rental agreement from landlord                         |
| <input type="checkbox"/> Documents supporting a loss of income or other COVID-19 related crisis that caused need for assistance | <input type="checkbox"/> Late payment or eviction notice   |
| Most recent tax return(s) for all members of the household  | <input type="checkbox"/> Utility late payment or disconnect (most recent bill)   |
|   | <input type="checkbox"/> Bank statements for past 3 months   |
|   | <input type="checkbox"/> Veteran ID Card or DD-214   |

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize staff and volunteers of the following entities, the City of  
Bloomington Township, City of Bloomington, Mid Central Community Action (MCCA), Normal Township,  
Providing Access to Help (PATH), The Salvation Army, St. Vincent de Paul, St. John's Lutheran Church, The  
Immigration Project, Home Sweet Home Ministries, and the Town of Normal, to disclose and discuss personal,  
confidential, and other privileged information and opinions, including but not limited to my  
completed McLean County Emergency Assistance Application and any supporting or related documents,  
with the City of Bloomington Township, City of Bloomington, Mid Central Community Action (MCCA),  
Normal Township, Providing Access to Help (PATH), The Salvation Army, St. Vincent de Paul, St. John's  
Lutheran Church, The Immigration Project, Home Sweet Home Ministries, and the Town of Normal to  
coordinate the processing of my McLean County Emergency Assistance Application. This consent will  
expire 12 months after the date of my signature.

Signature: \_\_\_\_\_

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

# 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

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

<b>Gender:</b>	Male	Transgender	Agender	Refused
	Female	Non-Binary	Other	

<b>Race / Ethnicity:</b>	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):**

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

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

<b>HOUSEHOLD INCOME &amp; ASSETS</b> Monthly gross / 18+ or older / past 30 days Indicate amount from each source	<b>HOUSEHOLD BENEFITS</b> (Past 30 days) Indicate amount from each source	<b>HOUSEHOLD EXPENSES</b> (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 _____
<b>TOTAL INCOME &amp; ASSETS</b> _____	<b>TOTAL BENEFITS</b> _____	<b>TOTAL EXPENSES</b> _____

**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



**Town of Normal**  
**Community Development Block Grant**  
**COVID-19 Housing Assistance Affidavit / Verification of Crisis**

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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. \_\_\_\_\_  
Employer

\_\_\_\_\_ 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 due to illness.

\_\_\_\_\_ I am unable to work since I am a 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.**

\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Signature of Witness** **Date**



**AUTHORITY TO VERIFY APPLICATION INFORMATION**

By signing this document, I, \_\_\_\_\_ (first name, last name), hereby authorize Mid Central Community Action and the Town of Normal, a municipal corporation, to verify the financial information I provided on the McLean County Emergency Assistance Application, 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 Mid Central Community Action and the Town of Normal to make necessary inquiries to determine my eligibility for the Town of Normal's COVID-19 Housing Assistance Program. Further, Mid Central Community Action and Town of Normal are 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 the Town of Normal's COVID-19 Housing Assistance 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 Name (typed or printed)