

2021 APPLICATION FOR THE VILLAGE OF RANTOUL LOW-MODERATE HOUSEHOLD EMERGENCY ASSISTANCE PROGRAM

To apply for Utility Assistance, you must complete all questions front and back and sign at the red "X".

If you do not understand these instructions, please call 217-892-6824.

1 Please complete this section for the head of household. **Use the codes from question 2 to help provide the details.*

Name (Include Last, First Middle Initial)		Date of Birth	Sex	Social Security Number		
Home Address (Include Street, Apt. Number, City, State & ZIP Code+4)						
Mailing Address if different (Include Street, Apt. Number, City, State & ZIP Code+4)						
County You Live In	Champaign	Phone Number: ()	Citizenship*	Race (Optional)*	Ethnicity (Optional)*	Marital Status*

2 List the people who live with you at this address. Include all children and adults. Include related roomers. Include all unrelated roomers who share household expenses. Do not include the household member listed in block 1.

Use the codes below to help provide the details for each individual in your household.

- CITIZENSHIP*:** (1) U.S. Citizen, (2) Permanent Alien, (3) Temporary Alien, (4) Refugee, (5) Other-not eligible for benefits (All non-U.S. citizens must provide proof of alien status.)
- RACE*:** (optional) (1) Black or African American, (3) American Indian or Alaskan Native:, (4) Asian, (5) White, (7) Native Hawaiian or other Pacific Islander. List all groups that apply.
- ETHNICITY*:** (optional) (1) Non-Hispanic, (2) Hispanic or Latino
- MARITAL STATUS*:** (1) Single, (2) Married, (3) Common Law Marriage, (4) Separated, (5) Divorced, (6) Widow/Widower

Name <small>(Include Last, First, Middle Initial)</small>	Birthdate <small>(MM/DD/YY)</small>	Sex <small>M/F</small>	Social Security Number	Citizenship*	Race* <small>(Optional)</small>	Ethnicity* <small>(Optional)</small>	Marital Status *	Relationship to You

||| If you have additional people in your house, please provide their information on a separate piece of paper and send it along with this application.

3 Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions. **Types/ sources of income include money from:** Employment, Veteran's Benefits, Unemployment Compensation, Black Lung benefits, Social Security, Support, Workers Compensation, Interest/Dividends, Rental Income.

Name of person with income	Type/source of income	Start Date	Date of First Paycheck	How much each month?

4 Do you own/rent your home? Own Rent How long have you resided in Years Mos
your home?

VILLAGE USE ONLY	County Champaign	District	Record Number
	Application Registration Number	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date

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What is your main heating source? Choose the type of energy that heats your home. Attach a copy of your last bill or a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

<input type="checkbox"/> Electric	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Coal	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Propane or Bottled Gas	<input type="checkbox"/> Blended Fuel	<input type="checkbox"/> Wood/Other
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*Explain:

5a How has COVID-19 affected your ability to pay your utilities?

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Check if any of the following apply:

*Please add additional pages if needed.

<input type="checkbox"/> Electricity is shut off	<input type="checkbox"/> Have a shut-off notice for electricity	<input type="checkbox"/> Other
<input type="checkbox"/> Gas is shut off	<input type="checkbox"/> Have a shut-off notice for gas	Explain _____
<input type="checkbox"/> Water is shut off	<input type="checkbox"/> Have a shut off notice for water	_____

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Name of Utility Company or Fuel Dealer Village of Rantoul Light & Water Utilities	Account Number
Address (Include Street, City, State & ZIP Code+4) 333 South Tanner Street Rantoul, IL 61866	Name on Account

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If you are in subsidized/public housing, do you receive a utility allowance check? Yes No
If yes, how much? \$ _____

Certification

- My signature on this application gives my permission to the Village of Rantoul or its authorized agent to: (a) check any information I give about where I live, my jobs, income, resources, energy supply and energy supplier; (b) share information with my energy supplier and receive information from my energy supplier to allow Village of Rantoul to obtain a record of my annual energy consumption, cost and billing information for purposes of program evaluation, operation, or reporting; and (c) complete any survey in connection with energy assistance.
- Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your application or delay or prevent your ability to receive benefits. If you fail to provide a SSN or fail to complete the information below, you may be ineligible for benefits. I certify that: (check all that apply)
 - I provided Social Security numbers for all household members.
 - To the best of my knowledge, these household members do not have Social Security numbers:
- I affirm that Rantoul, IL is my legal residence.
- I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
- I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, the notice will state the amount of my benefit.
- I further understand that if my household is eligible for a Village of Rantoul benefit, it must be sent directly to my utility company or fuel dealer.
- I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
- I know that if I give false information, I can be penalized by fine and/or imprisonment.
- I understand by signing this application, I may not qualify because program funds have run out.**

<input type="checkbox"/> I provided Social Security numbers for all household members.
<input type="checkbox"/> To the best of my knowledge, these household members do not have Social Security numbers:

_____ Print Name _____ Print Name

The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security Number or may be unable to because they are a victim of domestic violence:

_____ Print Name _____ Print Name

Privacy Act Notice; Authority: 42 U.S.C. § 405(c)(2)(C)(i) authorizes the collection of this information.
Purpose: The Village of Rantoul will use this information to identify and verify income of applicant(s).
Routine Uses: The information will be used by and disclosed to the Village of Rantoul personnel and contractors or other agents who need the information for program administration. Additionally, the Village of Rantoul may share the information with other government agencies or in reports to legislative representatives as required by federal or Illinois law.

3. I authorize the release of Household Emergency Assistance eligibility information to and from my energy suppliers or weatherization agencies and allow them to seek assistance for which I may be eligible. **Please Sign Here - Use Ink**

PLEASE RETURN FORM TO: VILLAGE OF RANTOUL
333 S. Tanner Street, Rantoul, IL
OR EMAIL FORM TO: econdev@myrantoul.com

X

_____ Signature _____ Date