

PCCEO EMERGENCY ASSISTANCE PROGRAM

STATEMENT OF SITUATION

I, _____ attest to the fact that I am without food and/or secure shelter and am in need of Emergency Assistance.

COMMENTS: (Please explain the need for assistance): _____

Cause of Situation	Check Applicable:
Loss of Job	
Insufficient income	
Mismanagement of income	
Loss of Public Assistance	
Condemned Housing	
Disaster/Fire	
Eviction	
No Affordable housing	
Release from MH facility	
Release by Corrections Dept.	
Alcohol Abuse	
Substance Abuse	
Medical Condition	
Neighborhood/Gang Violence	
Domestic Violence	
Overcrowding/Family Dispute	
In Transit	
Other	

Services Provided:

Rental Assistance

Prescription Assistance

Lodging Assistance

Food Voucher Assistance

I understand that my household may only receive this type of service from PCCEO once per calendar year.

PCCEO may refer my household to other programs that may provide similar services if needed.

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ZERO INCOME AFFIDAVIT

I, head of household, _____, attest to the fact that my household has received no income for the period covering

_____ to _____.

I met my financial obligations during this period with:

_____ from _____
(\$ amount or items) (name of source/ telephone)

(address)

_____ from _____
(\$ amount or items) (name of source/ telephone)

(address)

Name of last place of employment of last public assistance source, address, and telephone number (If known)

DATE OF TERMINATION

I understand that to perjure myself in order to obtain assistance is a fraudulent offence for which I can be prosecuted or denied assistance.

SIGNATURE

DATE

Print Name

Social Security Number

Address

City, State

Zip Code

Verified by Agency Staff

Date

PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC. (PCCEO)
CHILD SUPPORT ENFORCEMENT REFERRAL

I, _____ acknowledge receiving this referral to Child Support Enforcement, which might enable me to activate child support payments on behalf of my child/children. I have also received the following information:

- ✓ **Non-Assistance Program Fact Sheet**
- ✓ **Application for Child Support Enforcement Services (Title IV-D)**
- ✓ **Illinois Child Support Enforcement locations & telephone numbers**

I understand that PCCEO may contact me or Child Support Enforcement to follow up on the status of this referral. I give permission for any PCCEO employee to receive information regarding this referral.

Client Signature

Date

PCCEO Staff Signature

Date

Results of follow up: _____

I, _____ have been offered information that might enable me to activate child support payments on behalf of my child/children. At this time, I do not wish to pursue this option.

Client Signature

Date

PCCEO Staff Signature

Date

PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC.
UNIVERSAL SIGNATURE PAGE FOR COMMUNITY SERVICES APPLICATIONS

I, _____ (Head of Household) 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 landlord, employer, and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participating in CSBG/LIHEAP/IHWAP.

Initial forms that were completed for this application:

_____ Intake Form

_____ Statement of Situation Form

_____ Zero Income Affidavit

_____ Child Support Enforcement Referral Form

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted and denied for assistance.

Printed Name

Date

Signature

Community Services Intake Staff

Date

P.C.C.E.O COMMUNITY SERVICES PROGRAM

Acknowledgement of Expectations

I, head of household, _____, attest to the fact that I have received emergency lodging assistance.

I understand that I am expected to follow the rules of the hotel including, but not limited to:

- No smoking in non-smoking rooms
- No use of illicit drugs
- Only individuals for whom a reservation has been made are permitted to stay in the rooms
- Follow courtesy rules including no loud music and no fighting on the premises
- Keep room(s) clean

I understand that, if asked to leave the premises due to misconduct, I will not be assisted further by PCCEO.

I understand that I will be held financially responsible for any and all incidental charges placed by the hotel for damages that occur during my stay.

SIGNATURE

DATE

Printed Name

Telephone Number

Witnessed by