

PCCEO EMERGENCY ASSISTANCE PROGRAM

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



COMMUNITY SERVICES PROGRAM

Letter of Understanding

Terms of Emergency Services

I, head of household, _____, attest to the fact that I
have received _____ assistance.
(rental, prescription, food, emergency lodging)

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.

SIGNATURE

DATE

Printed Name

Telephone Number

Witnessed by