

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.

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

_____ Date

Tenants Name and Address

Dear _____:
Client

You are behind in your rent which is due on the _____ day of each month. You are behind for the month/months of _____ at the rate of \$ _____/per month for a total of \$ _____ past due not including depoists, late fees or other fees.

To avoid further action, please pay this amount immediately.

I agree to accept Emergency Assistance Program funds for one month's rent which was due on _____ (date). Payment will guarantee residency for an additional 30 days.

Sincerely,

Landlord Signature/Address/Phone Number

Verified by Agency Staff

HELPING PEOPLE CHANGE LIVES... FOR EVERY STAGE OF LIFE!
711 W. McBean St. / Peoria, IL 61605 / Phone (309) 671-3900 / Fax (309) 671-3913
www.pcceo.org

_____ Date

Tenants Name and Address

Dear _____ :
Client

This is to confirm that _____ (name of family or individual)
has/have arranged to rent an apartment/house from me at (address of apartment/house)
_____, effective _____ (date).

The amount of one month's rent is \$ _____, which does not include deposits or other
fees, and this amount will be due on (day/month/year) _____.

I agree to accept Emergency Assistance Program funds for the payment of first month's rent.

Sincerely,

Landlord Signature/Address/Phone Number

Verified by Agency Staff

HELPING PEOPLE CHANGE LIVES... FOR EVERY STAGE OF LIFE!
711 W. McBean St. / Peoria, IL 61605 / Phone (309) 671-3900 / Fax (309) 671-3913
www.pcceo.org

PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC.

EMERGENCY RENTAL ASSISTANCE PROGRAM

Date _____

Tenant Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

How long has Tenant lived at this location _____

Move in Date _____

Landlord/ Realty Co. Name _____

Landlord/ Company Address _____

City _____ State _____ Zip _____

Phone Number _____

I (Landlord) _____ verify that the

Tenant (Tenant's Name) _____

(A) Pays a monthly rent of \$ _____ due on
(day of month per lease) _____

(B) Now owes a total rent amount of \$ _____ and is seeking assistance for the month of

(C) Owes a late charge of \$ _____ (if applicable)

(D) Tenant will be evicted if this amount is not paid \$ _____

(To Landlords): This form must be completed and returned to us for your Tenant to be assisted with rent payment.

*If you accept financial assistance, you agree Tenant is guaranteed an additional 30 days of service.

Signature of Landlord

Signature of Intake Worker

Date

COMPLETION OF THIS FORM IS NO GUARANTEE THAT CLIENT WILL RECEIVE RENTAL ASSISTANCE