

UTOPIA TOWNSHIP GENERAL ASSISTANCE OFFICE**K. Edward Shueler, Supervisor**1188 Northwest Highway
Palatine, IL 60074

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APPLICATION FOR GENERAL ASSISTANCE**PRIMARY CONTACT INFORMATION**Applicant Name: Richard Bingham SSN: 215-21-7055 AdultOther Names or Spellings: James Relationship: SelfIDES Reg #: 144455 Birthdate: 03/07/1970 Birthplace: Clearwater, FLHome Phone: (847) 563-1477 Work Phone: _____ Cell Phone: (847) 555-1212Email Address: rbingham@njs-ent.comApplication Date: 07/11/2005 Case ID #: 03CA00006Need for Assistance: Shelter & Utilities**PRESENT ADDRESS INFORMATION**Address 1: 123 Main SAddress 2: Apt # 309 Address 3: _____City: Addison State: IL Zip: 60101Date Moved In: 12/05/2001 in Township Since: _____ in County Since: _____ in State Since: 06/16/1992Residence Status: Rent Amt/Mo: \$300.00 Landlord: Equity Residential LeasingLandlord Relation: Brother Landlord Address: 5566 Northway Road Suite 111, Addison**PREVIOUS ADDRESS INFORMATION**

Address	City	State	Zip	Date Moved In
123 Buckingham Way	Addison	IL	60101	02/15/2005
4566 Manningham	Addison	GA	12345	

MARITAL STATUSMarital Status: Separated Spouse: Margie MayhemMarried On: 11/22/2005 Location of Marriage: Bethany LutheranReason for Separation: Differences Spouse Address: 77 Hathaway Rd, Chicago IL**ASSISTANCE UNIT MEMBERS**

Name	Birth Date	Birth Place	Relationship	IDES Reg #	SSN
Richard Bingham	03/07/1970	Clearwater, FL	Self	144455	215-21-7055
Stevie Bingham	05/15/2000		Son		234-32-4234

NON-ASSISTANCE UNIT MEMBERS

Name	Age	Relationship	Means of Support	Monthly Amount Paid for Expenses
Mitchell Jones		Lost Brother		
Paula Jones	42	Friend of a friend		

MILITARY INFORMATION

Family Member	Branch	Serial #	Enlisted	Discharged	Recv Comp?	Recv Pension?
Richard Bingham	Army	765s	11/15/2000		Yes	No

PRESENT EARNED INCOME INFORMATION

Person Receiving	Source	Employer or Description of Resource	Monthly Amount
Richard Bingham	Salary	From P/T @ Kohls	95.00
Richard Bingham	Salary	P/T @ Sears	35.00
Richard Bingham	Scalping Tickets		50.00
Richard Bingham	Commissions		25.00

PUBLIC ASSISTANCE AND RELATED PUBLIC BENEFITS

Person Receiving	Source	Amount
Richard Bingham	Subsidized Housing	100.00
Richard Bingham	TANF	200.00
Richard Bingham	Medical	22.00
Richard Bingham	LLAR	200.00

PRESENT UNEARNED INCOME INFORMATION

None

PRESENT ASSET INFORMATION

Person Receiving	Source	Description of Resource	Amount
Richard Bingham	Automobiles		2,000.00

MEDIAL INSURANCE BENEFIT INFORMATION

Name of Company	Type of Coverage	Annual Premium
AFLAC	Life	500.00

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and telephone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the applicant, however, if the person is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the spouse, parent, child, adult sibling, or other relative. If there are no relatives this application may be signed by any other person able to furnish necessary information with reasonable competence.

I have read this application for General Assistance 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.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution or the Department of Human Services to furnish the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, Railroad System Disability Income benefits, or business of any kind whatsoever.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

I hereby make Application for General Assistance on behalf of the person named below and certify that, to the best of my knowledge and belief, the information furnished herein is a true statement of his/her income, assets and resources.

Applicant: _____ Applicant Representative Signature: _____

Applicant Representative Address: _____