



2021 Village of Glenview **Senior Housing Assistance Program Application**

The Village of Glenview has approved up to \$2,145 per year toward rent or property taxes for qualifying Glenview senior citizens. Qualified recipients will be selected according to need. Checks are issued twice per year and are made payable to the applicant only. Any questions, please contact Kim Hand @ 847-904-4366.

A W9 form must be completed each year and is included with the application. The Village of Glenview expresses no opinion on whether the grant is taxable income-please consult with a trusted professional for tax related questions.

To Qualify:

You may be eligible for financial assistance if:

1. You have been a Glenview resident (living within the corporate limits of the Village) for at least two (2) years. ***(Documentation will need to be provided for 2 years of residency.)***
2. Your Glenview residence is your **only** residence.
3. You 62 years of age or older at the time of application.
4. For a one-person household, your total yearly income must be below \$19,140. For a two-person household, your total yearly income must be below \$25,860. ***(A household is anyone living in the residence.)***
5. You pay rent or real estate taxes. ***(Lease agreement and Real Estate Taxes must be in applicant's name)***
6. You are **NOT** a resident of the Patten House of Glenview, a retirement home, assisted living facility, or a nursing home.
7. You are **NOT** receiving Federal HUD Section 8 subsidies.
8. You do **NOT** have any outstanding debts or liens owed to the Village of Glenview.

To Apply:

Completed applications, including all required documentation, will be accepted until **February 5, 2021, 5:00 PM.**

Any application missing documentation and received after this date will not be eligible.

Applications, along with documentation, must be signed and mailed to:

Glenview Village Hall, Senior Services
2500 East Lake Avenue, Glenview, IL 60026

Or presented in person **BY APPOINTMENT ONLY.**

For an appointment: Please call Kim Hand @ 847-904-4366

| A. Applicant Information | | | | |
|--|--|-------------------------------------|--|------------------|
| Name: | | Date of Birth: | | |
| Address: | | | | |
| City: | | State: | | Zip Code: |
| Phone: | | Number of Years in Glenview: | | |
| If you have lived at your current address for less than two (2) years, please provide your previous address. | | | | |
| Previous Address: | | | | |
| Number of Years at Previous Address: | | | | |
| If others live in the household with you, please provide their information below. | | | | |
| Name: | | Date of Birth: | | |
| Relationship: | | | | |
| Name: | | Date of Birth: | | |
| Relationship: | | | | |

****Required Documentation:**

A copy of the current State ID/Driver's License for all members of the household. (A household is anyone living in the residence.)

----- CONTINUE TO PAGE 3 -----

| B. Housing Information and Costs | | | | | | | |
|--|-----------|--|-------|---|--------------------------------|------------------|-----------------------|
| Type of Residence: | Apartment | | House | | Manufactured Home | | Townhouse/Condominium |
| Do You? | Rent | | Own | | Rent pad for manufactured home | | |
| Is your current residence the only property you own? | | | | | | YES | NO |
| <u>Renters</u> | | | | | | | |
| If you rented in 2020 and continue to rent in 2021, please complete the following questions. | | | | | | | |
| Person/Agency to which you paid rent: | | | | | | | |
| Landlord Address: | | | | | | | |
| City: | | | | State: | | Zip Code: | |
| Phone: | | | | | | | |
| Monthly Rent in 2020: | | | | Is heat included in cost of rent? | | | |
| <u>Home Owners</u> | | | | | | | |
| If you own a home, please complete the following questions. | | | | | | | |
| Taxes paid in 2020: | | | | Are all your property taxes paid and up to date? | | | |

****Required Documentation:**

Renters:

- A copy of your lease agreement for 2020 and 2021
- A copy of 12 cancelled checks front and back OR 12 bank statements

Home Owners:

- A copy of your property tax bills paid in 2020 (2019 property tax year)
- If you have a mortgage, attach a copy of your mortgage statement and a cancelled check

----- CONTINUE TO PAGE 4 -----

| C. Applicant Income | | | |
|---|---|---|--|
| Please use 2019 <u>annual</u> amounts when responding to income and deduction questions. | | | |
| 2019 US 1040 File? | | YES NO | |
| **Required Documentation: If you filed a <u>2019 US 1040</u> , please attach it for verification. | | | |
| Social Security | | | |
| Social Security Benefits: | | Spouse/Domestic Partner Social Security Benefits: | |
| A | Total Household Social Security Benefits | | |
| **Required Documentation: If you received Social Security in 2020, <u>please attach a copy of form SSA 1099</u> . If you are unable to locate this form, please call the Social Security office at 1-800-772-1213 and ask for the total benefits you received in 2020 and request that a form be sent to you. Or visit your local Social Security office for the form. | | | |
| Pension/Retirement Funds | | | |
| Name of Benefit Provider: | | | |
| Account Number: | | Amount Received: | |
| Name of Benefit Provider: | | | |
| Account Number: | | Amount Received: | |
| B | Total Pension/Retirement Income | | |
| **Required Documentation: <u>Please attach verification of payments you received.</u> | | | |
| Dividends/Interest Earned | | | |
| Location/Financial Institution: | | | |
| Account Number: | | Amount Received: | |
| Location/Financial Institution: | | | |
| Account Number: | | Amount Received: | |
| C | Total Dividends/Interest Earned | | |
| **Required Documentation: <u>Please attach copies of your form 1099 as verification.</u> | | | |
| Cash Assistance | | | |
| Please provide information regarding any cash assistance you received from other sources (i.e. family members or friends). | | | |
| Person/Agency: | | Amount Received: | |
| Person/Agency: | | Amount Received: | |
| D | Total Cash Assistance Received | | |

****Required Documentation:** Please attach a statement from each person to verify assistance.

C. Applicant Income - Continued

Please use 2020 annual amounts when responding to income and deduction questions.

Salaries, Wages, Commissions

| | | | |
|-------------------|---|------------------|--|
| Name of Employer: | | Amount Received: | |
| Name of Employer: | | Amount Received: | |
| E | Total Salaries, Wages, and Commissions | | |

****Required Documentation:** Please attach copies of your W-2 forms, 1099 forms, or commission statements for verification. Please note, you may be required to submit previous tax forms for verification of salaries, wages, and/or commissions.

Other Income

Please provide information regarding other investment income such as rental income, sale of stocks or bonds, etc.

| | | | |
|----------------|---------------------------|------------------|--|
| Income Source: | | Amount Received: | |
| Income Source: | | Amount Received: | |
| F | Total Other Income | | |

****Required Documentation:** Please attach copies for verification.

APPLICANT TOTAL INCOME (add lines A – F)

D. Applicant Deductions

Please provide information about non-reimbursed and uninsured medical or dental expenses in 2020. This includes services not covered by Medicare or medical insurance, deductibles and premium payments, and other related medical or dental costs not reimbursed to the applicant. Please itemize each deduction and attach verification for amount to be deducted from income. If there is no verification, amount cannot be deducted.

| | |
|--------------------------|--|
| Medicare Part B: | |
| Medicare Part D: | |
| Medicare Supplements: | |
| Doctor Bills: | |
| Pharmaceutical Expenses: | |
| Other: | |
| Other: | |
| Other: | |

APPLICANT TOTAL DEDUCTIBLES

| | | | |
|--|---|---|--|
| APPLICANT NET INCOME (Total Income – Total Deductibles) | | | |
| E. Household Income – Non-applicants living in household | | | |
| Please use 2020 <u>annual</u> amounts when responding to income and deduction questions. | | | |
| 2019 US 1040 File? | | YES NO | |
| **Required Documentation: If you filed a <u>2019 US 1040</u> , please attach it for verification. | | | |
| Social Security | | | |
| Social Security Benefits: | | Spouse/Domestic Partner Social Security Benefits: | |
| | | | |
| A | Total Household Social Security Benefits | | |
| **Required Documentation: If you received Social Security in 2020, <u>please attach a copy of form SSA 1099</u> . If you are unable to locate this form, please call the Social Security office at 1-800-772-1213 and ask for the total benefits you received in 2020 and requests that a form be sent to you. Or visit your local Social Security office for the form. | | | |
| Pension/Retirement Funds | | | |
| Name of Benefit Provider: | | | |
| Account Number: | | Amount Received: | |
| Name of Benefit Provider: | | | |
| Account Number: | | Amount Received: | |
| B | Total Pension/Retirement Income | | |
| **Required Documentation: <u>Please attach verification of payments received.</u> | | | |
| Dividends/Interest Earned | | | |
| Location/Financial Institution: | | | |
| Account Number: | | Amount Received: | |
| Location/Financial Institution: | | | |
| Account Number: | | Amount Received: | |
| C | Total Dividends/Interest Earned | | |
| **Required Documentation: <u>Please attach copies of form 1099 as verification.</u> | | | |
| Cash Assistance | | | |
| Please provide information regarding any cash assistance they received from other sources (i.e. family members or friends). | | | |
| Person/Agency: | | Amount Received: | |
| Person/Agency: | | Amount Received: | |

| | | |
|--|---------------------------------------|--|
| D | Total Cash Assistance Received | |
| **Required Documentation: <u>Please attach a statement from each person to verify assistance.</u> | | |

| | | | |
|--|---|------------------|--|
| E. Household Income - Continued | | | |
| Please use 2020 <u>annual</u> amounts when responding to income and deduction questions. | | | |
| Salaries, Wages, Commissions | | | |
| Name of Employer: | | Amount Received: | |
| Name of Employer: | | Amount Received: | |
| E | Total Salaries, Wages, and Commissions | | |
| **Required Documentation: <u>Please attach copies of W-2 forms, 1099 forms, or commission statements for verification.</u> Please note the household member may be required to submit previous tax forms for verification of salaries, wages, and/or commissions. | | | |
| Other Income | | | |
| Please provide information regarding their other investment income such as rental income, sale of stocks or bonds, etc. | | | |
| Income Source: | | Amount Received: | |
| Income Source: | | Amount Received: | |
| F | Total Other Income | | |
| **Required Documentation: <u>Please attach copies for verification.</u> | | | |
| OTHER HOUSEHOLD TOTAL INCOME (add lines A – F) | | | |
| TOTAL HOUSEHOLD INCOME (Applicant Net Income + Other Household Total Income) | | | |

----- CONTINUE TO PAGE 8 -----

| F. Applicant Assets | | | |
|--|---|---------|--|
| Please use 2020 <u>annual</u> amounts when responding to asset questions. | | | |
| Cash Accounts (Checking/Savings, Certificates of Deposit (CDs), Etc.) | | | |
| Name of Financial Institution: | | | |
| Account Type: | | Amount: | |
| Name of Financial Institution: | | | |
| Account Type: | | Amount: | |
| A | Total Cash Accounts Balance | | |
| **Required Documentation: <u>Please attach year-end statements for verification.</u> | | | |
| Securities (Stocks, Bonds – listed and unlisted) | | | |
| Location/Financial Institution: | | | |
| Account Type: | | Amount: | |
| Location/Financial Institution: | | | |
| Account Type: | | Amount: | |
| B | Total Securities Held | | |
| **Required Documentation: <u>Please provide verification of holdings.</u> | | | |
| Business Ownership | | | |
| Business Name: | | | |
| Type of Business: | | | |
| Type of Business Venture: | | | |
| Location: | | Value: | |
| C | Total Business Ownership Value | | |
| Life Insurance | | | |
| Please provide information regarding the cash value of any life insurance policy. | | | |
| Name of Insurance Company: | | | |
| Policy Number: | | Value: | |
| D | Total Cash Value of Life Insurance | | |
| **Required Documentation: <u>Please attach a current statement from the life insurance company as verification.</u> | | | |
| APPLICANT TOTAL ASSETS (Add lines A – D) | | | |

G. Household Assets – All others in householdPlease use 2020 annual amounts when responding to asset questions.**Cash Accounts (Checking/Savings, Certificates of Deposit (CDs), Etc.)**

Name of Financial Institution:

Account Type:

Amount:

Name of Financial Institution:

Account Type:

Amount:

A Total Cash Accounts Balance****Required Documentation:** Please attach year-end statements for verification.**Securities (Stocks, Bonds – listed and unlisted)**

Location/Financial Institution:

Account Type:

Amount:

Location/Financial Institution:

Account Type:

Amount:

B Total Securities Held****Required Documentation:** Please provide verification of holdings.**Business Ownership**

Business Name:

Type of Business:

Type of Business Venture:

Location:

Value:

C Total Business Ownership Value:**Life Insurance**

Please provide information regarding the cash value of any life insurance policy.

Name of Insurance Company:

Policy Number:

Value:

D Total Cash Value of Life Insurance****Required Documentation:** Please attach a current statement from the life insurance company as verification.**OTHER HOUSEHOLD TOTAL ASSETS (Add lines A – D)**

G. Household Assets – All others in household

Please use 2020 annual amounts when responding to asset questions.

TOTAL HOUSEHOLD ASSETS (Applicant + Other Household)

H. Unusual Factors to Consider (please describe)

I. Authorization and Signature

I declare, under penalty of perjury, that I have examined this form and all accompanying statements or documents pertaining to this income and resources of myself (the applicant) or any members of my household, or pertaining to any other matter bearing upon my eligibility for financial assistance and to the best of my knowledge and belief the information supplied is true, correct and complete. I understand that to perjure myself in order to obtain financial assistance is a fraudulent offence for which I can be prosecuted. I understand the funds allocated by the Village of Glenview Senior Housing Assistance Program are for a period of twelve (12) months only. Completion of this application does not guarantee that I will be eligible for assistance. I also state that there is no objection to a personal, confidential interview with members of the application review committee. If further documentation is requested by the review committee, a release of information may be required and/or any other pertinent information.

Name of Applicant (print):

Applicant Signature:

Date:

| Name of Others in Household | Signature of Others in Household |
|-----------------------------|----------------------------------|
| | |
| | |
| | |

All information supplied is held in strictest confidence.

You can and are encouraged to call the Senior Services Coordinator at (847) 904-4366 to arrange an appointment to review the application prior to submitting it to ensure all needed documentation is correct. **If documentation is missing, your application will be denied.**