



CITY OF ELGIN

TEMPORARY WATER BILL ASSISTANCE PROGRAM

The City of Elgin, in partnership with the Salvation Army of Elgin, is offering water bill assistance for residential customers financially affected by the COVID-19 pandemic. Residential water customers that meet established eligibility criteria are eligible to receive a one-time grant of up to \$400. Eligible water customers will be able to use this money to pay any previous or current City water bill. Applications will be reviewed on a first-come first-served basis. The eligibility details and application process are described below. For more information on this and other financial assistance programs in Elgin, visit cityofelgin.org/billassistance.

Administered by:



WHAT YOU SHOULD KNOW

ELIGIBILITY

- City of Elgin resident with an active water account.
- Water shut-off notice from the City of Elgin.
- Photo ID of the person whose name is on the bill.
- Demonstrate a need for financial assistance. Proof of financial need, such as loss or reduction in income (pay stubs, letter of termination/furlough, unemployment benefits, etc.).

APPLICATION PROCESS

- Applications will be accepted directly by Salvation Army of Elgin through their City of Elgin Temporary Water Bill Assistance Program. The City of Elgin will not accept applications.
- **If you believe you meet the requirements, complete this application and gather the mandatory documents (ID, water shut off notice, and proof of financial need, such as loss or reduction in income (pay stubs, letter of termination/furlough, unemployment benefits, etc.)).**
- To apply for assistance, submit your application along with copies of the required documents to kaitlyn.ehler@usc.salvationarmy.org. Include "Elgin Water Bill Assistance" in the subject line. You will be contacted to schedule a virtual appointment. An appointment is made to review all required eligibility documents.
- Due to Covid-19, in person appointments are limited. However, if you can't do a virtual appointment, you can call the Salvation Army of Elgin at (847) 741-2304 extension 301 and leave a message to schedule your appointment. Please bring your completed application and required documents to the appointment.
- On average, clients go through the emergency assistance process within 7-10 days.
- Any assistance approved by the Salvation Army of Elgin will be applied directly to the resident's current or past-due utility bill. Assistance will not be offered for future account balances.
- Any outstanding account balance that exists after funds are granted must be paid in full or the resident must request a payment plan through the City.

APPLICANT INFORMATION

PLEASE ANSWER ALL THE QUESTIONS AND MAKE SURE DOCUMENTS ARE LEGIBLE

APPLICANT'S FULL NAME

APPLICANT'S ADDRESS

APT #

CITY, STATE, ZIP CODE

DATE OF BIRTH

APPLICANT'S PHONE NUMBER

APPLICANT'S EMAIL ADDRESS

HOUSING STATUS: Rent

Own

HOUSEHOLD MEMBERS

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

MONTHLY GROSS INCOME

Please list all forms of monthly gross income (income before taxes and deductions).

DISABILITY BENEFITS: \$ _____

TANF: \$ _____

GENERAL ASSISTANCE: \$ _____

PENSION: \$ _____

CHILD SUPPORT: \$ _____

VETERAN BENEFITS: \$ _____

FOOD STAMPS: \$ _____

UNEMPLOYMENT BENEFITS: \$ _____

SOCIAL SECURITY: \$ _____

WORKERS COMPENSATION: \$ _____

WORK INCOME: \$ _____

OTHER: \$ _____

MONTHLY EXPENSES

Please list all of your monthly expenses. If you're not sure of the exact numbers, use best estimates or averages.

RENT: \$ _____

PHONE: \$ _____

CABLE: \$ _____

FOOD: \$ _____

MEDICAL: \$ _____

CAR PAYMENT: \$ _____

UTILITIES: \$ _____

CAR INSURANCE: \$ _____

HEALTH INSURANCE: \$ _____

PERSONAL CARE: \$ _____

CHILD CARE: \$ _____

SUBSCRIPTIONS: \$ _____

OTHER EXPENSES: _____

PLEASE TELL US WHY YOU ARE REQUESTING FINANCIAL ASSISTANCE:

MARITAL STATUS:

Single

Separated

Married

Widow

Divorced

ARE YOU A VETERAN OF THE US MILITARY?

Yes

No

DO YOU HAVE AN IDENTIFIED DISABILITY?

Yes

No

RACIAL OR ETHNIC CATEGORY

Asian

White

Black or African American

Hispanic or Latino

American Indian or Alaska native

Native Islander or other Pacific Islander

STATEMENT OF UNDERSTANDING

- I understand that completion of this application is not a guarantee that I will receive financial assistance.
- I understand that additional documentation may be required.
- I understand that if I receive financial assistance through the *City of Elgin's Temporary Water Bill Assistance Program*, any outstanding account balance that exists after assistance is received must be paid in full or I must request a payment plan through the City of Elgin by calling 311.

SIGNATURE

APPLICANT SIGNATURE (E-SIGNATURE)

DATE

SALVATION ARMY OF ELGIN EMPLOYEE SIGNATURE

DATE

FOR STAFF USE ONLY

NOTES:
