

**SAMPLE TOWNSHIP REPORT FOR COMPLIANCE WITH DECENNIAL  
COMMITTEES ON LOCAL GOVERNMENT EFFICIENCY ACT  
(For Townships and Road District JOINT REPORT Only)**

I. Unit of government submitting this report:

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NAME OF TOWNSHIP: Harlem

Note: Any local government that levies a tax, other than a municipality or county must file this report. For Road Districts in counties with populations of less than 400,000 the highway commissioner may form a joint committee to prepare one combined report. See 50 ILCS 70/10(b-5).

TOI has a separate recommended report form for a consolidated report, so do not use this form for a combined report of a township and road district. TOI also has a separate recommended report form for road districts and multi-township assessment districts.

II. Information about our Township

A. We are located in Winnebago County. There are 14 townships in our county.

B. The population of our Township is 40,158, as of the 2020 census.

C. We have 9 employees of the Township (not including elected officials).

D. We have 2 employees in our Road District (not including elected officials).

E. Our annual budget for 2023 is: \$ 1,427,442.

F. Our Township's equalized assessed valuation for 2023 is \$ 1,011,469,028.

III. Information about Our Committee

A. Committee Members:

Township Supervisor Gary Jury

Township Highway Commissioner Ed Tegland

Township Trustee Aaron McKnight

Township Trustee Ron Esser

Township Trustee Joshua Gesner

Township Trustee Paul Hofmann

**EACH OF THESE SECTIONS ARE TO BE COMPLETED SEPARATELY BY  
THE ROAD DISTRICT AND THE TOWNSHIP AND INCLUDED AS TWO  
PARTS OF THE SUBMITTED REPORT**

IV. Programs Offered by our Township.

- A. Our Township offers the following services and programs: (List programs like general assistance, youth programs, senior programs, community programs, LIHEAP, etc.) (If not applicable, remove this).  
1. General Assistance  
2. Emergency Assistance  
3. Senior Emergency Assistance  
4. Senior Meet & Greet  
5. care kits  
6. food kits for Seniors

B. Other services/programs we could possibly provide:

job fairs in the meeting hall for Harlem residents

V. Social Service Agreements

A. We partner with the following not for profits to offer social services (list all):

**Entity:**

**Services Provided:**

1. Harlem High School (toys for kids program)
2. Walter Lawson Children's Home (toys for kids program)
- 3.
- 4.
- 5.

B. Our residents have benefitted from these agreements in the following ways:

C. We have considered possibly offering the following social services or the following additional potential partnerships:

VI. Awards and Recognitions

Our Township has received the following awards, distinctions, and recognitions: (List all).

1. A grant was awarded to Harlem Township for Dennis Johnson Park
2. Harlem Township applied for a grant for the salt shed, and was awarded \$70,000

VII. Intergovernmental Agreements

A. We partner with, or have Intergovernmental Agreements, with the following other Governments (List all):

Entity: Rockford Township	Services Offered: The 5 entities listed
City of Loves Park	all have intergovernmental
Village of Machesney Park	agreements with the Harlem
Owen Township	Township Road District
Winnebago County	3

Township Resident (Supervisor Appointment) Lowell Ingram

Township Resident (Supervisor Appointment) Sheryl Crowley

Township Resident (Highway Comm. Appointment) Gary Hoover

Note: Per 50 ILCS 70/10(b), the committee membership must include all the elected or appointed members of the township board (Supervisor and Trustees) and two residents appointed by the Supervisor. The residents can be the Assessor, Highway Commissioner, Clerk or Collector, if you have one, or other residents of the Township, but these officials are not required to be on this Committee. The Supervisor may appoint more than two residents if deemed appropriate.

B. Dates that our Committee Met (50 ILCS 70/20)

First (Organizational) Meeting  
(must occur prior to June 10, 2023): June 07, 2023

Second Meeting: July 12, 2023

Third Meeting: March 20, 2024

Additional Meetings (List All): \_\_\_\_\_, 2023

- B. Our Township's efficiency has increased through intergovernmental cooperation in the following way (list cost savings, avoiding duplicated services, etc.):  
(a detailed explanation is in the Highway Commissioner's report)
- VIII. Review of Laws, Township Policies, Township Rules and Procedures, Township Training Materials, and other Documents

We have reviewed the following, non-exhaustive list of laws, policies, training materials, and other documents applicable to the Township to evaluate our compliance and to determine if any of the foregoing should be amended.

- State laws applicable to Townships, including, but not limited to the Township Code (60 ILCS)
- Illinois Open Meetings Act (5 ILCS 120)
- Policy on public comment
- Designation of OMA officer (5 ILCS 120/1.05(a))
- All of Elected Officials have completed OMA Training (5 ILCS 120/1.05(b))
- Schedule of All Township Regular Meetings for Calendar or Fiscal Year (5 ILCS 120/2.03)
- Illinois Freedom of Information Act (5 ILCS 140)
- Designation of FOIA officer (5 ILCS 140/3.5(a))
- FOIA Officer Training (5 ILCS 140/3.5(b))
- Computation and Retention of FOIA Requests (5 ILCS 140/3.5(a))
- Posting Other Required FOIA Information (5 ILCS 140/4(a); 5 ILCS 140/4(b))
- List of Types or Categories of FOIA Records under Township's Control (5 ILCS 140/5)
- Periodic Meetings to Review Closed Meeting Minutes (5 ILCS 120/2.06(d))
- IMRF Total Compensation Postings (5 ILCS 120/7.3)
- Designation of Whistleblower Auditing Official (50 ILCS 105/4.1)

- All of our Elected Officials have filed statement of economic interests (5 ILCS 420/4A-101; 5 ILCS 420/4A-101.5)
- Sexual harassment prevention training (775 ILCS 5/2-109(c))
- Our Intergovernmental Agreements
- Our Social Service Agreements or Contracts
- Our budget and financial documents
- State Ethics Laws, including, but not limited to the State Officials and Employees Ethics Act (5 ILCS 430/1-1)
- Our budget and financial documents
- Reports on government efficiency, including “Local Government Efficiency and Size in Illinois: Counting Tax Revenues, Not Governments” by Wendell Cox (2016); “Local Democracy and Townships in the Chicagoland Area,” by Wendell Cox, (January 2012).
- \_\_\_\_\_ Others (List Below or Attach):

- IX. What Have We Done Well? (List any budget/levy freezes or reductions in the past decade; list new programs or services offered to residents over the past decade; list any ethics ordinances adopted; timely FOIA compliance; responsiveness to public; list any new intergovernmental agreements or social services offered; list any increase in number of township residents served, etc.)
- X. What Inefficiencies Did We Identify/What Are our Next Steps?
- XI. What Can We Do Better or More Efficiently?
- XII. Studies on Governmental Efficiencies

In preparing this report, we reviewed several studies on local government efficiency. These studies show that:

- The average local government in Illinois serves 1800 residents compared to the national median of 2850 individuals
- Most townships in Illinois have no bonded indebtedness. Together with road districts they are an integral element of local democracy. Township expenditures have grown at a lower rate than those of any other level of government since 1992.
- Townships have lower labor costs and employ mostly part time employees.

XIII. Our committee's recommendations regarding Increased Accountability and Efficiency:

Note: This Report must be filed with your County no later than 18 months after your first committee meeting.

Submitted by: Gary R Jany  
Chairman, Decennial Efficiency Committee of Harlem Township

Date:

9/19/2024

## **Minutes – Decennial Committee Meeting**

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STATE OF ILLINOIS,

Winnebago County,

Town of Harlem, The Committee members met at the  
Harlem Township Hall at 819 Melbourne Avenue on June 07, 2023.

PRESENT: Gary Jury – Township Supervisor (Committee Chairman)

Ed Tegland – Highway commissioner

Jon Vaiden – Township Assessor

Aaron McKnight – Township Trustee

Ron Esser – Township Trustee

Joshua Gesner – Township Trustee

Lowell Ingram – Township Resident

Gary Hoover – Township Resident

The Meeting was called to order by Committee Chairman Gary Jury at 6:30 p.m.

### **Communications:**

Designations were made for the Committee members in order to suit their best roll in the Committee report. Township resident Gary Hoover is interested in working with the Road Commissioner. Township Resident Lowell Ingram is going to work with Township Supervisor and staff in preparing the report. Discussion ensued on the next meeting to take place on July 12<sup>th</sup> 2023.

Adjournment: Trustee Aaron Mc Knight made a motion to adjourn at 7:35 p.m.

## **Minutes – Decennial Committee Meeting #2**

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STATE OF ILLINOIS,

Winnebago County,

Town of Harlem,

The Committee members met at the Harlem Township Hall at 819 Melbourne Avenue on July 12<sup>th</sup>, 2023.

PRESENT: Gary Jury – Township Supervisor (Committee Chairman)

Ed Tegland – Highway Commissioner

Jon Vaiden – Township Assessor

Aaron Mc Knight – Township Trustee

Ron Esser – Township Trustee

Paul Hofmann – Township Trustee

Lowell Ingram – Township Resident

Gary Hoover – Township Resident

The meeting was called to order by Committee Chairman Gary Jury at 6:30 p.m.

### **Communications:**

The Chairman discussed General Assistance adding (E.A.) or Emergency Assistance to qualified applicants. This is a (1) time grant of \$500 to assist with rent, utilities, or mortgage. (One grant per year per applicant) This applies for single, married or applicants with children.



Discussion ensued with the addition of (Senior 65+ E.A.) or Emergency Assistance for seniors. This is also a one time a year grant for \$500 to assist with mobile home lot rent, rent for apartment, condo, ect. General Assistance is also supplying qualified applicants with care kits which consist of personal hygiene products and daily necessities. Emergency Assistance is currently working on implementing a food kit distribution program, once again for qualified applicants.

Highway Commissioner Ed Tegland spoke about Intergovernmental Agreements with Rockford Township, The City of Loves Park, The Village of Machesney Park, Winnebago County and Owen Township. This includes borrowing equipment and sometimes drivers. The Road Commissioner has worked in conjunction with the Supervisor upgrading the Township facilities. The yard paving, and water retention of the parking lot with a dry well. Also, the salt shed has been waterproofed. The fueling station is now enclosed to protect the tank from the weather conditions. The vehicle fleet has been upgraded with (3) new trucks, in addition, a new skid loader has been purchased. All of these things mentioned make our services to the residents better equipped. The Highway Commisioners recommendation to improve accountability and efficiency is to keep our website up to date, which would inform Township residents about what areas in the Township the Road Department maintains. Add a questions or comments page to the website. This will ensure the close relations with the residents of Harlem Township, which is very important to the Commisioner.

Adjournment: Trustee Ron Esser made a motion to adjourn at 7:38 p.m.

## **Committee Members**

- Sheryl Crowley - sherylcrowley11@yahoo.com
- Paul Hofmann - pdhofmann2020@gmail.com
- Lowell Ingram - ingramlowell@gmail.com

## **Introduction:**

We reviewed the Local Government Efficiency - 2016 Cox report<sup>1</sup> as backup material for the work of our committee. The Introduction described the Illinois Financial Crisis; 'There is considerable concern about the fiscal situation in the state of Illinois. The Illinois financial crisis is, broadly speaking, the result of taxes, spending and debt that is too high. There is general agreement that strong steps need to be taken to improve financial performance.' This has not changed dramatically since 2016 and Illinois state government spending has continued to grow at about 5% per annum<sup>2</sup>.

Harlem Township elected officials understand how important it is to address this issue. There are several reasons why it has been so difficult to solve. Most everyone in government feels their service and associated cost to the taxpayer/citizen has value. It is difficult to say No to spending when it does produce some good. But, we must if we are to resolve the Illinois Financial Crisis.

So, will eliminating the Harlem Township government and thus reducing the number of government offices reduce Illinois' spending? We have concluded that the answer is 'No' based on our review of the 2012 and 2016 Reports combined with a review of Harlem Township financial budgeting and management.

Plus, the concept of combining functions to make for larger and more centralized government has not had a good track record for lowering expenditures. Regardless of these factors, Harlem Township leaders take a number of steps to maintain and grow its efficiency.

## **Summary:**

Harlem Township is representative of other townships that achieve lower costs and efficiencies when providing government services. Harlem Township accomplishes its mandated governmental role at high efficiency by:

1. Intra governmental agreements for exchange of equipment and services with other townships and government entities
2. Maintaining a professional and cooperative working arrangement with the county government to coordinate road projects, achieve economies of scale that leads to lower costs

Yet, there is always room for improvement. Work has begun on capital project prioritization and cost analysis versus benefits. This process should and is expected to be developed further.

Finally, improvements to efficiency alone will not significantly impact Illinois' severe financial problems. There are many ideas that could be discussed on strategies to reduce spending and to prioritize programs but that is beyond the scope of this report.

**References:**

<sup>1</sup> Local Government Efficiency - 2016 Cox report provided as a reference for preparing the Decennial Report



Assessor  
**Jon Vaiden**

819 Melbourne Ave. • Machesney Park, IL 61115  
815-633-9380 phone • 815-636-9778 fax  
email: [harlemassessors@yahoo.com](mailto:harlemassessors@yahoo.com)  
[www.harlemtownshipwinnebago.com](http://www.harlemtownshipwinnebago.com)

## 2023 – 2024 Harlem Township Assessor's Office Review

Harlem Township Assessor's Office completed the "2023" Quadrennial process with a little over 100 complaints. Two of the Assessor's team members now have the Illinois Designation and are certified deputies.

Harlem Assessor's office shares data with WINGIS and the County to improve service for realtors, appraisers and residents as well. We are constantly updating our C.A.M.A. system to make it more streamlined and integrated with the County Dev Net program.

Our door is always open to residents for questions regarding assessments, mapping and any help with filling out exemption papers.



## Official Certificate of Attendance

Please keep this copy for your records.

**Registrar Verification of Program Activity:** This is an Official Record of JON VAIDEN's attendance in this program. To determine JON VAIDEN's actual participation in this program, please refer to the "SeminarWeb Verification of Activity" below to verify participation. Questions for the Registrar should be directed to SeminarWeb.

**How to Obtain Credit:** JON VAIDEN may submit this Registrar Verification of Program Activity to the appropriate accrediting authority and may apply to obtain credit; SeminarWeb makes no warranty or guarantee that this Registrar Verification will be accepted by an accrediting authority.

**Program Status by Continuing Education Accrediting Authority: (as of March 30, 2023)**

JON VAIDEN may or may not qualify for credit with these authorities:

Credit Approved: (none)

Credit Pending: (none)

**Program Title:** Decennial Committee Report Guidelines

**Sponsor:** Township Officials of Illinois

**Speaker(s):** Jerry Crabtree; Brad Ruppert

**Program Date:** Thursday, March 30, 2023 from 12:00 PM to 1:00 PM CENTRAL

**Format:** Live Teleconference with Simulcast Web Presentation. Materials were provided in advance to this attendee. This was an interactive live program, allowing the attendee to ask questions via the website, participate in live surveys, and ask verbal questions of the faculty during the teleconference. The faculty were present during this live program, and a facilitator moderated the program. This program has been evaluated by participants.

**SeminarWeb Verification of Activity:** Attendance at this program is certified by SeminarWeb as follows:

Participant Identifier: 769269  
JON VAIDEN  
819 MELBOURNE AVE  
MACHESNEY PARK, IL 61115

Participant entered web portion at 3/30/2023 12:00PM CENTRAL

Participant exited web portion at 3/30/2023 12:46PM CENTRAL

Total time spent in web portion: 45 minutes

*Aubrey Eyer*

Registrar: Aubrey Eyer, SeminarWeb®

**Participant Verification:** I, JON VAIDEN, certify that I completed this program in its entirety.

*Jon Vaiden*  
JON VAIDEN

*3/30/2023*  
DATE

**Important Instructions:** This is your official attendance record. Utilizing this form, you may qualify for continuing education credit, but you must follow the rules and filing guidelines of the accrediting authority.

## COMMITTEE MEMBERS:

Ed Tegland – Highway Commissioner

Ron Esser – Township Trustee

Aaron McKnight – Township Trustee

Gary Hoover – Township Resident

## INTRODUCTION:

**ACCOUNTABILITY:** This can be the residents physically seeing results of road improvements. Other ways are through our website and some sort of a newsletter. It would be nice if the residents would attend monthly meetings to hear what is happening and what is planned.

**EFFICIENCY:** Our efficiency is very good, we act on things in a timely manner. Although we are a relatively small road district, we are very efficient. We try and have a personal approach with everyone. We try to explain issues at hand so the residents understand why and what we will be doing.

I believe when we have communication with residents, things go very well. Communication is the key to every success.

We work very well with the County and all 14 township road districts.

In addition to our intergovernmental agreements and township to township sharing resources, we also have an agreement with our school district, which we supply salt and loading at our cost for maintaining of their properties. This has been done for years and works out great for us. We enjoy being able to accommodate this resource.

Residents that have attended meetings have had comments of interest, mainly their satisfaction with the road district.

Our road district is open to any and all feedback about things. We encourage the residents to share their thoughts and recommendations.

# GENERAL ASSISTANCE PROGRAM

## General Assistance Criteria:

- Must live in Harlem Township
- Single or Married – Married can apply separately
- No minor children in household
- No Social Security
- Under the age of 65
- Little or no Income
- If working must meet income guidelines
  - Under \$669.00 Gross – eligible for full grant
  - Between \$669.00 to \$1019.00 – Eligible for partial grant
  - Over \$1019.00 – ineligible – over income
- No Class X or Class 1 drug felonies after August 21, 1996.

## Application Process:

- Bring in Social Security card and valid IL driver's license or ID
- Must fill out General Assistance Information Form (see attached)
- Given application and checkoff list for paperwork needed to return with at Intake Appointment. (See attached Application and Checkoff List)
- Background check is run.
- Client returns for intake appointment to determine eligibility.
- Paperwork is filled out and Forms given to return with for final process of issuing grant at return appointment if eligible. Client will call to set up return appointment.
- Once client is approved, they are setup with an appointment for the next month and case management will continue on a month-to-month basis to determine eligibility and they continue to follow the General Assistance guidelines.



**INCOME GUIDELINES: Based on Gross Income**

- Under \$669.00 Gross – eligible for full grant
- Between \$669.00 to \$1019.00 – Eligible for partial grant
- Over \$1019.00 – ineligible – over income

**OF NOTE:** At the Intake appointment, client may be given a Medical Statement for their doctor to fill out if determined unable to work or has work restrictions. Also, if working would need to bring in the last 30 days of paycheck stubs to determine gross income and eligibility. Also, would be given assignments to apply for a certain number of jobs monthly with verification at next monthly Case Management appointment. Client is also given a landlord agreement for the landlord to fill out monthly. This shows the landlord will accept payment from us and any other information needed (see LL Agreement).

At monthly appointment, client is given a disbursing order for the landlord to sign and return to our office. Once this is signed, landlord agrees to house client for the 30 days noted on the disbursing order. Rent checks are sent directly to the landlord.

The client has to have verification each month to prove eligibility. This includes paycheck stubs, unemployment printout, medical, work assignments (jobs applied for), or any paperwork that needs to be filled out they are given to verify eligibility.

**Wendy Johnson**

**General/Emergency Assistance Coordinator**

# Harlem Township



819 Melbourne Ave  
 Machesney Park, IL, 61115  
 (815) 633-9382 ♦ FAX (815) 633-6334

**Gary Jury**  
 - SUPERVISOR -

## APPLICATION FOR GENERAL ASSISTANCE

**ALL BOXES MUST BE COMPLETED**

**APPLICATION IS GOOD FOR  
 30-DAYS FROM DATE ISSUED**

Date Issued:
Interview Date:

### I. Personal Information

Last Name	First Name	Middle Name:
Current Address Apt #	City:	Zip Code:
Phone #: Cell Phone #	SS#:	Date of Birth: Age:
Marital Status: Never Married: _____ Married: _____ Div: _____ Sep: _____ Widowed: _____	Home: Rent: _____ Own: _____ Amt of monthly payment: _____	Date last rent or mortgage was paid: Date: _____ Amt paid: _____
Date of Divorce: _____ Date of Separation: _____ County: _____	Are you currently approved for Section 8 Housing? Yes _____ No _____	Are you currently residing in Section 8 Housing? Yes _____ No _____
Birth Place:	How long have you lived in Winnebago County? Yrs: _____ Mos: _____	Is it your intent to remain in this County? Yes _____ No _____
Veteran: Yes _____ No _____ What Branch of Service: _____	Dates of Service: From: _____ To: _____	Type of Discharge: Do you have discharge paperwork? Yes _____ No _____
How many biological children do you have? Other Children	How many children live with you?	What are the ages of children living with You?
What do you need assistance with?	Are you receiving a link card? Yes _____ No _____ What amount/month? _____	Are you court ordered to pay child support? Yes _____ No _____ How much/month? _____

## II. Education

Last Grade Completed? _____	High School Diploma? Yes ___ No ___ GED? Yes ___ No ___	What year completed? _____ What school? _____
Are you currently attending classes? Yes _____ No _____	GED/H.S. Yes _____ No _____	Are you attending college classes? Yes _____ No _____ How many credit hours? _____

## III. Employment History

List below your current job or if not currently working, the last three (3) jobs you have held (including temporary agency jobs):

Name & Address of Employer:	Date Employment Began: _____ Date Employment Ended: _____	Reason for Separation:
Name & Address of Employer:	Date Employment Began: _____ Date Employment Ended: _____	Reason for Separation:
Name & Address of Employer:	Date Employment Began: _____ Date Employment Ended: _____	Reason for Separation:
Are you capable of working? Yes _____ No _____  If able to work, do you have any medical/ Psychiatric restrictions?  Yes _____ No _____	List your work restrictions:	When was the last time you saw any Doctor?

## IV. Present Income & Financial Information

Employment Income: \$ _____	Unemployment Compensation Weekly Amount: \$ _____	Self-Employment Income: Monthly Amount: \$ _____
Worker's Compensation Benefits: \$ _____/weekly	Veteran's Benefits: Monthly: \$ _____	Social Security Benefits SSI: \$ _____ SSD: \$ _____ Death/Survivor's Benefits \$ _____
Long Term and/or Short-Term Disability: Monthly Amount: \$ _____	Child Support Received: Monthly Amount: \$ _____	Are you currently receiving cash Assistance from the Illinois Department Of Human Services? Yes _____ No _____ How much/month? _____
Pension and/or Retirements Benefits? Monthly Amount? _____	Earnfare: Are you participating: Yes ___ No ___	Earnfare: Monthly amount received? _____

**IV. Present Income & Financial Information (Continued)**

Checking account? Yes ___ No ___ Bank/Credit Union: _____ Current Balance: \$ _____	Savings Accounts? Yes ___ No ___ Bank/Credit Union? _____ Current Balance: \$ _____	Annuities? Yes _____ No _____ Amount? _____
Cash on hand: \$ _____	Have you filed your Income Tax this year? Yes _____ No _____	Did you receive an income tax refund this year? Yes _____ No _____ Amount Received? _____ Date Received? _____

**V. Assets**

<b>Real Estate:</b> Address: _____ Present Value: _____ Mortgage Amount: _____ Single family: Yes ___ No ___	<b>Cars/Trucks:</b> Make/Model: _____ Amount Owed: _____ Is vehicle insured? Yes ___ No ___ Insurance Company: _____	<b>Safety Deposit Boxes:</b> Where: _____ Value of Contents: _____
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**VI. Health Insurance**

Medical Card: Yes ___ No ___ Pending: _____	Other medical insurance: Yes ___ No ___ Is this insurance COBRA? Yes ___ No ___ What Company: _____ Monthly Premium: _____
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**VII. Criminal History**

Failure to notify this office of your complete criminal history (regardless of year of conviction) in this or any other state or county will be cause for denial of application for 90-days or case closure for 90-days.

Are you currently on Parole? Yes _____ No _____  Parole Officer: _____	What County & State: _____ Convicted of: _____ Conviction Date: _____	Are you compliant with your parole requirements? Yes _____ No _____
Have you ever been on Parole? Yes _____ No _____	What County & State: _____ Convicted of: _____ Conviction Date: _____	Did you complete your parole Satisfactorily?  Yes _____ No _____
Are you currently on Probation? Yes _____ No _____ Probation Officer: _____	What county & State? _____ Convicted of: _____ Conviction Date: _____	Are you compliant with your probation requirements? Yes _____ No _____
Have you ever been on Probation? Yes _____ No _____	What County & State? _____ Convicted of: _____ Conviction Date: _____	Did you complete your probation satisfactorily? Yes _____ No _____

I have completed this application for General Assistance, and declare under the penalties of perjury that to the best of my knowledge and belief the information supplied in this application and all accompanying statements or documents 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 of any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution, or the Department of HHS to furnish to the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, RSDI benefits, or business of any kind whatsoever.

The General Assistance Office shall not disclose information regarding a General Assistance applicant or recipient except for any purpose directly connected with the administration of public aid under the Illinois Public Aid Code, including the investigation and verification of eligibility factors and the sharing of information with the Illinois Department of Human Services and other governmental units.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

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 phone 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 in need of assistance is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the SPOUSE, PARENT, ADULT CHILD or ADULT BROTHER or SISTER 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature and Address of Individual making Application for General Assistance in BEHALF of the Person Named Above.

\_\_\_\_\_  
Relationship to Applicant.

Subscribed and sworn to before me this

\_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**HARLEM TOWNSHIP**

**GENERAL ASSISTANCE INFORMATION FORM**

NAME: (First) \_\_\_\_\_ Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ ZipCode: \_\_\_\_\_

**Other Members of the Household:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Please accurately answer the questions below. This information will be verified. Failure to accurately report information may result in a denial of your case.

Are you a US Citizen (circle)? YES NO

Do you have income? (Link is not income) YES NO

If you are working you must provide proof from last 30 days

Are you receiving TANF/Cash Assistance (circle)? YES NO

Are you actively receiving LINK/SNAP benefits? YES NO If Yes, \$ \_\_\_\_\_

Are you a Veteran (circle)? YES NO

Have you been convicted of a Class X or Class 1 Drug Felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, What Year? \_\_\_\_\_  
County & State? \_\_\_\_\_

I authorize Harlem General Assistance Office to utilize the above information in order to determine my eligibility for Emergency Assistance, and to investigate my background for purposes of determining if I meet the eligibility requirements of this program. I further authorize Harlem Township General Assistance to discuss my background and share my information with any local, state or federal agency as needed to determine my eligibility.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

UCB		COOK	
DHS		ID/DL	
WINN		DATE OF INQUIRY	
WI		DATE LAST INTAKE	
EMAG		DATE LAST GRANT	
DOC		OTHER:	



## HARLEM TOWNSHIP - GARY JURY, Supervisor

819 Melbourne Ave., Machesney Park, IL 61115

815/633-9382/fax-815/633-6334

### RENTAL AGREEMENT

This document is needed to complete the application for rental assistance. If approved, acceptance of our payment requires the landlord/owner to keep this applicant housed at the address below for the period listed on the disbursing order. Said client cannot be evicted from premises for the period written on the Disbursing Order. By returning this form to Harlem Township and requesting payment, the property owner is warranting that the property is in Harlem Township and the property owner has complied with all state laws including local, building, safety and zoning ordinances. Harlem Township reserves the right to deny payment to any property owner that violates any laws or ordinances, or has any previous history of code violations.

The landlord/property owner understands this grant cannot be approved if a request for a grant or rental assistance for the same unit is also being made or being received from another source. Any attempt to obtain in excess of the grant amount stated below shall be considered fraud and shall result in immediate termination of the grant and all other grants to Landlord. All rental payments by Harlem Township to property owner/landlord are conditioned upon the continued eligibility of the client to receive Harlem Township assistance. This agreement does not obligate Harlem Township to disbursing order payment if client's assistance terminates.

If a W-9 form is attached to your disbursing order, it must be completed by the property owner and submitted to our office prior to release of any funds.

General Assistance Grant Amount per individual if approved: \$350.00/month

#### BELOW INFORMATION TO BE COMPLETED BY PROPERTY OWNER/LANDLORD

DATE: \_\_\_\_\_ NAME OF WORKER: \_\_\_\_\_

#### APPLICANT INFORMATION:

Name of Applicant(s): \_\_\_\_\_

Address of Property: \_\_\_\_\_

Unit Rental Amount: \$ \_\_\_\_\_ Number of Bedrooms in unit: \_\_\_\_\_

Utilities Included in rent: Gas: \_\_\_/ Electric: \_\_\_/ Cooking Gas: \_\_\_/ Water&Garbage: \_\_\_/ Sewer: \_\_\_/ None: \_\_\_

Applicant's move in date: \_\_\_\_\_

Has this month's rent been paid: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list all tenants in this unit: \_\_\_\_\_

#### LANDLORD INFORMATION:

Checks should be made payable to: (Please print): \_\_\_\_\_ Telephone#: \_\_\_\_\_

Mailing Address/Rent should be mailed to: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord E-mail address: \_\_\_\_\_

Please provide copy of Agreement between Management Company and Property Owner with this form:

I have read and agree to the terms listed above and the information I have provided on this form is accurate to the best of my knowledge:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

8/8/2022

# HARLEM TOWNSHIP GENERAL ASSISTANCE

## INSTRUCTIONS TO APPLICANT

819 Melbourne Ave., Machesney Park, IL 61115  
Phone: 815-633-9382 Fax: 815-633-6334

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Name \_\_\_\_\_

**Below marked paperwork must be returned within 30 days from today's date. If not completed within 30 days from the date of issue, client will be denied and will be required to reapply for assistance.**

- Completed and signed application for General Assistance.
- Verification of residence; rent/mortgage receipts; property owner agreement completed.
- Past/Present employer request for information and job status.
- Status of Unemployment compensation benefits at Illinois Department of Employment Security.
- Print out of Illinois Job Link Work Search Record – <https://illinoisjoblink.gov>.
- Verification of ability/inability to work; written doctor's statement.
- Pay stubs for 4 concurrent weeks of income; self-employment records, any other income such as child support.
- Verification of Social Security Benefits.
- Verification of pension/retirement accounts; company contributions and/or individual contributions and/or verification of workers compensation claim/benefits.
- Verification of Veteran's benefits received and/or applied for.
- Verification of application or receipt of all benefits from Department of Human Services/Public Aid.
- Records of bank accounts, trust funds, CD's, bonds, etc.
- Proof of marriage and/or divorce, child custody, court appearances, & Department of Children and Family Services (DCFS).
- Schedule of classes and/or appointments. \_\_\_\_\_.
- Parole/Probation request for information and compliance.
- Request for information from: \_\_\_\_\_



## **SENIOR EMERGENCY ASSISTANCE PROGRAM**

The Senior Emergency Rent/Mortgage, Utility Assistance Program, is managed by the General/Emergency Assistance Coordinator.

**\*A Senior may request assistance one-time within an 18-month period.**

### **INCOME GUIDELINES:**

**\$1600.00 (net) - One Person**

**\$2100.00 (net) - For Two, Married**

### **ELIGIBILITY CRITERIA/PAYMENT LEVELS:**

- 65 years of age or older
- Must be a resident of Harlem Township
- Income guidelines: (Income may be Social Security, pension, earned income, etc).
- **Only assistance with MOBILE HOME LOT RENT if living in mobile home.**

**RENT:** Landlord will be required to fill out Landlord Agreement – Can only owe for current month

**MORTGAGE:** Must have current mortgage statement and only owe for current month

### **UTILITIES:**

- Copy of lease showing responsible for utility if renting.
- Original utility bill must be in client's name if owner

- Utility bill must be in prior to disconnect or disconnect status

**MAXIMUM GRANT of \$350.00 for UTILITY**

**MAXIMUM GRANT of \$500.00 for RENT/MORTGAGE, MOBILE HOME LOT RENT**

**Senior Applicants:**

- Verify they are 65 years of age or older
- Verify address is within Harlem Township
- Make a copy of their valid ID/Drivers License and Social Security Card
- Income is based on NET income. Make a copy of their Proof of Income (Social Security printout, check stubs, pension, direct deposits or checking acct statements)
- Must be able to document client's emergency
- All paperwork will need to be copied – Give Original bills back to client
- Client will be given an application and check off list of any paperwork needed
- Client will call once they have filled out application and have all required paperwork – appointment will be set up for an Intake interview

**HARLEM TOWNSHIP**  
**EMERGENCY ASSISTANCE INFORMATION FORM**

Name: (First) \_\_\_\_\_ Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ ZipCode: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Other Members of the Household (Adults and Children):**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Please accurately answer the questions below. This information will be verified. Failure to accurately report information may result in a denial of your case.

Are you requesting (circle) Rent/Mortgage Water/Sewer Bill

Are you receiving TANF/Cash Assistance (circle)? YES NO

Are you receiving Social Security Benefits? YES NO

Are you a Veteran (circle)? YES NO

Are you a US Citizen (circle)? YES NO

Have you or anyone in your household been convicted of a Class X or Class 1 Drug Felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If Yes, What Year? \_\_\_\_\_ What County & State? \_\_\_\_\_

I authorize Harlem General Assistance Office to utilize the above information in order to determine my eligibility for Emergency Assistance, and to investigate my background for purposes of determining if I meet the eligibility requirements of this program. I further authorize Harlem Township General Assistance to discuss my background and share my information with any local, state or federal agency as needed to determine my eligibility.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

UCB		COOK	
DHS		ID/DL	
WINN		DATE OF INQUIRY	
WI		DATE LAST INTAKE	
EMAG		DATE LAST GRANT	
DOC		OTHER:	

**HARLEM TOWNSHIP**  
**SENIOR EMERGENCY ASSISTANCE**  
**INSTRUCTIONS TO APPLICANT**

819 Melbourne Ave., Machesney Park, IL 61115  
Phone: 815-633-9382 Fax: 815-633-6334

---

Name \_\_\_\_\_

**Below marked paperwork must be returned within 30 days from today's date. If not completed within 30 days from the date of issue, client will be denied and will be required to reapply for assistance.**

- Completed and signed application for Emergency Assistance.
  - Verification of residence; rent/mortgage receipts; property owner agreement completed.
  - Current Utility Bills. If owner, bill must be in your name. If renting, copy of lease showing you are responsible for bill.
  - Current Social Security printout showing monthly income.
  - Verification of pension/retirement accounts; company contributions and/or individual contributions.
  - Verification of Veteran's benefits received and/or applied for.
  - Verification of application or receipt of all benefits from Department of Human Services/Public Aid.
  - Records of bank accounts, trust funds, CD's, bonds, etc.
  - Parole/Probation request for information and compliance.
  - Request for information from: \_\_\_\_\_
-

## **FUTURE SENIOR ACTIVITIES:**

I am currently in the process of putting together a meet and greet for our seniors. I will be looking at ways to get the word out for our seniors to participate. We will look at a date for August and have a Meet and Greet from 1:00 to 3:00. We would serve refreshments and cookies. This would be a way for them to meet Gary our Supervisor of Harlem Township. Also, Jon our Assessor would be available to talk about senior exemptions and also answer any questions they may have. I would talk with them about available assistance through Harlem Township that we may be able to assist them with, i.e., rental assistance, utility assistance, mobile home lot rent. I feel this would also serve as a way to get the word out to their friends that live in our township.

I also moving forward would like to once a month have one scheduled day during the week where we would have something for 2-3 hours in the afternoon. We could plan bingo, cards, etc. We would serve refreshments, etc. This would be a good way to hear what our senior's needs are in the community. This also would give us an opportunity to expand our assistance if we feel there is a great need for something in particular that we could assist with.

Please feel free to call me with any questions.

**Wendy Johnson**  
**General/Emergency Assistance Coordinator**  
**Harlem Township**  
**819 Melbourne Ave.**  
**Machesney Park, IL 61115**  
**E-mail - [generalassistance@harlem.town](mailto:generalassistance@harlem.town)**  
**815-633-9382/Fax/815-633-6334**