The St. Clair County Intergovernmental Grants Department is now accepting applications from individuals affected by COVID-19 only.

Dear St. Clair County Resident,

If you are experiencing unforeseen hardships as a result of unexpected loss/reduction of income due to COVID-19, St. Clair County through the Intergovernmental Grants Department may be able to help.

The Community Action Agency is announcing the availability of funds to assist eligible applicants with rent, mortgage, utilities, food, transportation, and medical.

There are three ways you can apply for assistance:

1) **CALL** 618-825-3200 to request a paper application be mailed to you along with a self-addressed, postage-paid return envelope.

2) **EMAIL** a request for a paper application to igd@co.st-clair.il.us. Please include your name and address in your email. A paper application will be mailed to the address provided along with a self-addressed, postage-paid return envelope.

3) **ONLINE** Complete the application forms below, save to your personal computer, and submit required documents for all household members to igd@co.st-clair.il.us. Pictures, Word documents, and pdf files can be attached to your email.

You may drop off your application packet and required documentation in a sealed envelope to the outside lockbox located at the St. Clair County Intergovernmental Grants Department – 19 Public Square Belleville, Illinois.

*Lockbox is located in the circle drive off of 159/North Illinois Street.*
You will not need to enter the parking lot to access the lockbox.

**IMPORTANT APPLICATION INFORMATION**

*The “Universal Signature Page” found below IS REQUIRED BY THE STATE PRIOR TO COMPLETING AN APPLICATION.*

Ways to return the Signature Page:

- Print, sign, and return with your printed application and required documents by mail
- Fax it to 618-236-1190
- Print, sign, take a picture of your signed signature page, and submit it as an attachment to igd@co.st-clair.il.us
- Print, sign, and drop off to the secure lockbox located at the Intergovernmental Grants Department – 19 Public Square Belleville, IL (located in the circle drive off of 159/North Illinois Street)
- If you do not have the ability to print the signature page, please call 618-825-3200 and one can be mailed to you along with a self-addressed, postage-paid return envelope.
REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION:
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT
THE FOLLOWING DOCUMENTATION:

1. Universal Signature Page
2. Your Rights Page
3. Valid Photo ID for Head of Household/Applicant
4. Social Security Cards for ALL Household Members
5. 30 days Income for ALL Household Members
6. Zero Income Affidavit for all Household Members Over the Age of 18 with Zero Income
   (included in application below)
7. Proof of Residency (utility bill, lease, mortgage statement)
8. For Rental Assistance: Lease and Occupancy Permit (if permit is required)
9. For Mortgage Assistance: Mortgage Statement
10. For Energy Assistance: Electric/Gas bill
11. For Water/Sewer: Water/Sewer bill
12. For Car Payment: Valid Driver’s License, Vehicle Registration, Active
    Insurance/Insurance Card, Current Car Payment Statement (*Vehicle must be 2000 or
    newer)
13. For Car Repair: Valid Driver’s License, Vehicle Registration, Active Insurance/Insurance
    Card, Estimate for Repairs (*Must be licensed and insured automotive repair shop;
    Limitations apply; Vehicle must be 2000 or newer)

Employees will not disclose confidential information belonging to, or obtained through their
affiliation with Community Action Agency programs administered through the St. Clair County
Intergovernmental Grants Department, to any person, including their relatives, friends,
businesses, and professional associates, unless disclosure is necessary to enhance services or
verify need and/or required by law.

Upon receiving your Signature Page and Application, you will be contacted by a St. Clair
County Intergovernmental Grants Department employee at the phone number listed on the
application. Due to the anticipated response to these programs, please be patient. Applications
will be processed in the order in which they are received. Completing an application does not
guarantee that you will receive assistance.

St. Clair County, the Intergovernmental Grants Department, and staff are here to help during
this unprecedented time of need.
**Universal Signature Page**

**IMPORTANT NOTICE:** This state of Illinois grantee agency, St. Clair County Intergovernmental Grants Department, is requesting disclosure of information that is necessary to accomplish a complete application for:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community Service Block Grant (CSBG)</td>
</tr>
<tr>
<td></td>
<td>Illinois Home Weatherization Assistance Program (IHWA or</td>
</tr>
<tr>
<td></td>
<td>Weatherization)</td>
</tr>
<tr>
<td></td>
<td>Low Income Home Energy Assistance Program (LIHEAP or Energy</td>
</tr>
<tr>
<td></td>
<td>Assistance), including the Percentage of Income</td>
</tr>
<tr>
<td></td>
<td>Payment Plan (PIPP) program</td>
</tr>
</tbody>
</table>

**APPLICANT STATEMENT:** I 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 utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWA.

For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

Applicant Name:  

Applicant Signature:  

Date:  

The Community Services Block Grant Program (CSBG) is designed to meet income eligible family's basic needs.

Eligibility for the CSBG Program depends on:

- The family's income and number of family members; and
- Whether or not unexpected emergency meet program guidelines and procedures; and
- Reside in St. Clair County.

**Appeal Rights**

- Step 1: If you disagree with the outcome of your application, you may request a meeting with the coordinator to discuss your concern within 5-days; and
- Step 2: If you disagree with the outcome, you may request a meeting with the director to discuss your concern within 10-days; and
- Step 3: If you disagree with the outcome, you may make an appeal.

**Appeal Process**

The first step in the appeal process is an informal meeting. You may request an informal meeting by contacting:

Community Services Group
St. Clair County CAA
19 Public Sq, Suite 200
Belleville, IL 62220
(618) 277-6790 ext. 3263

- An informal complaint request must be received in writing within 30-days of alleged complaint to following contact person:

  Equal Opportunity Officer
  Pam Dougherty
  19 Public Sq, Suite 200
  Belleville, IL 62220
  (618) 277-6790 ext. 3208

- The informal meeting will be held by a designated hearing officer at the Local Administering Agency.

- The purpose of the informal meeting is to ensure that the applicant understands the outcome of the applications and/or reason for delay.

- If you have completed the informal meeting and still are not satisfied with the decision, you may request a state review. The Local Administering Agency will advise you on how to request a state review, the final step in the process.

- The state office will review your case and advise both you and the local agency of the final decision.

These are Your Rights. If you do not understand them, please ask to have them explained. If you need an interpreter, please advise. For more information call (618) 277-6790 ext. 3263; English TTY, 1-800-526-0844; Spanish TTY 1-800-501-0864 (9:00 a.m. - 4:00 p.m.)

Revised: 2/2017
Program Application
COVID-19

Name: ____________________________ SS#: ____________________________

Address: ____________________________ Telephone#

City: ____________________________ State: _______ Zip: _______ # People in Household _______

Email Address: ____________________________

30 DAY FAMILY INCOME: (include income from all household members)

Wages: $ __________ SS: $ __________ Child Support: $ __________ TANF or AABD: $ __________

SSI: $ __________ Pension: $ __________ Unemployment: $ __________ Other (please specify): $ __________

Total Family Income: $ ____________________________

Rent/Mortgage Payment: $ ____________________________

When did your hardship occur? ____________________________ Is your hardship related to COVID-19: YES  NO

What is your hardship? ____________________________

SERVICES REQUESTED: (Check all that apply)

- [ ] Rent  Is Rent Subsidized? Yes  No
- [ ] Mortgage
- [ ] Automobile Repair
- [ ] Automobile Payment
- [ ] Water/Sewer
- [ ] Food
- [ ] Medical
- [ ] Transportation
- [ ] LIHEAP (Electric/Gas)

IF APPLYING FOR RENTAL ASSISTANCE:

Landlord Name: ____________________________ Landlord Telephone #: ____________________________

Landlord Email Address: ____________________________

Applicant Statement: I certify that the information I have provided above is accurate and complete disclosure of the requested information. I authorize this agency to VERIFY the above information and to contact my Landlord/Mortgage Company, Utility Company, and other sources for verification or additional information. I authorize the RELEASE of the information from my Landlord/Mortgage Company, Utility Company, or other sources to The St. Clair County Intergovernmental Grants Department/Community Action Agency. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that to perjure (willfully tell the untruth) myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Digital Signature of Applicant: ____________________________ Date: ____________________________

Revised March 2020
Applicant/Head of Household Demographic Information: * Use Demographic Key Above

Name:
Relationship: SELF
Income Source:
30-Day Income Amount: $

SSN:
D.O.B.:
Race:
Education Level:

Household Members: * Use Demographic Key Above * For additional household members, use additional intake form below.

Name:
Relationship:
D.O.B.:
Race:
Income Source:
30-Day Income Amount: $

Name:
Relationship:
D.O.B.:
Race:
Income Source:
30-Day Income Amount: $

Name:
Relationship:
D.O.B.:
Race:
Income Source:
30-Day Income Amount: $

Name:
Relationship:
D.O.B.:
Race:
Income Source:
30-Day Income Amount: $

Name:
Relationship:
D.O.B.:
Race:
Income Source:
30-Day Income Amount: $
Household Information:

Address: ________________________________
City: ________________________________
Zip: ________________________________
Phone: ________________________________

Are you Homeless? ____________________________ Yes ___ No ___
Do You Receive Food Stamps? ______________________ Yes ___ No ___
Do You Have Health Insurance? ____________________ Yes ___ No ___
If Yes, List Insurance Source: ____________________________

Housing Type: (Check One)  Marital Status: (Check One)
Rent _____ Amt.$_________ Single ___ Married ___
Own _____ Amt.$_________ Divorced ___ Widow(er) ___
Other __________________________

Household Type: (Check One)  Check if you are:
Single Person ____________________________ Veteran ______
Single Parent/Female _____________________ Farmer ______
Single Parent/Male _______________________ Seasonal Farmer ______
Two Parent Household ____________________ Migrant Farm Worker ______
Two Adults/No Children ____________________

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

APPLICANT STATEMENT: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation and by my signature, I authorize others to release such information as may be required for the determination of my eligibility. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Applicant Signature: ____________________________ Date: ____________
(Digital – Type Name)

*Additional Household Members Can Be Listed on Next Page if Needed.
<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>D.O.B.:</td>
<td>D.O.B.:</td>
</tr>
<tr>
<td>Race:</td>
<td>Race:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Income Source:</td>
</tr>
<tr>
<td>30-Day Income Amount: $</td>
<td>30-Day Income Amount: $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>D.O.B.:</td>
<td>D.O.B.:</td>
</tr>
<tr>
<td>Race:</td>
<td>Race:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Income Source:</td>
</tr>
<tr>
<td>30-Day Income Amount: $</td>
<td>30-Day Income Amount: $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>D.O.B.:</td>
<td>D.O.B.:</td>
</tr>
<tr>
<td>Race:</td>
<td>Race:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Income Source:</td>
</tr>
<tr>
<td>30-Day Income Amount: $</td>
<td>30-Day Income Amount: $</td>
</tr>
</tbody>
</table>
Zero Income Affidavit
COVID-19

➢ Every household member age 18 years and older must provide proof of income for the last 30 days.

➢ Every household member (age 18 years or older) that did not have income or is currently not receiving any income, MUST complete this form.

I, ____________________________, attest to the fact that I have received no income for the period covering __________________ through __________________.

I met my financial obligations during this period by:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

I understand that to perjure (willfully tell the untruth) myself in order to obtain assistance is a fraudulent offense, for which I can be prosecuted.

Signature of Household Member ____________________________ Date ____________________________

Revised March 2020
St. Clair County Intergovernmental Grants Department
Applicant Disclosure Form

I __________________________________________ attest to the best of my knowledge that:

Please check one

☐ I am not an employee, related to, or have any relationship including being an acquaintance of anyone employed by the St. Clair County Intergovernmental Grants Department.

☐ I am an employee of the St. Clair County Intergovernmental Grants Department.

Group employed in __________________________________________

Immediate Supervisor __________________________________________

☐ I am related to or have a relationship including being an acquaintance of an employee of the St. Clair County Intergovernmental Grants Department.

Name of employee __________________________________________

Relationship to employee __________________________________________

☐ I am related to or have a relationship including being an acquaintance of a board member of the St. Clair CAA Board.

Name of Board member __________________________________________

Relationship to Board member __________________________________________

Applicant Signature - Type Name ___________________________ Date ____________ Witness by IGD Staff ___________________________ Date ____________

I certify that my responses to the above questions are complete and correct to the best of my knowledge. I understand the disclosure of this information may or may not disqualify me for services, nor give me an advantage to any benefit program within St. Clair County Intergovernmental Grants Department.

Office Use Only

I have reviewed the potential conflict of interest with the above named applicant and determined:

☐ There is no conflict.

☐ A potential conflict exists and procedures have been implemented to address it. (See Attachment).

Coordinator ___________________________ Date ____________

IGD Director ___________________________ Date ____________

Grants Committee Chairman ___________________________ Date ____________

Grants Committee Member ___________________________ Date ____________

Grants Committee Member ___________________________ Date ____________

Revised 3/6/14
Zero Income Affidavit
COVID-19

➢ Every household member age 18 years and older must provide proof of income for the last 30 days.

➢ Every household member (age 18 years or older) that did not have income or is currently not receiving any income, MUST complete this form.

I, __________________________, attest to the fact that I have received no income for the period covering ______________________ through ____________________.

I met my financial obligations during this period by:

________________________________________

________________________________________

________________________________________

I understand that to perjure (willfully tell the untruth) myself in order to obtain assistance is a fraudulent offense, for which I can be prosecuted.

Signature of Household Member

Date

Revised March 2020
Zero Income Affidavit
COVID-19

➢ Every household member age 18 years and older must provide proof of income for the last 30 days.

➢ Every household member (age 18 years or older) that did not have income or is currently not receiving any income, MUST complete this form.

I, ________________________________, attest to the fact that I have received no income for the period covering ________________ through ________________.

I met my financial obligations during this period by:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

I understand that to perjure (willfully tell the untruth) myself in order to obtain assistance is a fraudulent offense, for which I can be prosecuted.

_________________________________________  __________________________
Signature of Household Member                  Date

Revised March 2020
Zero Income Affidavit
COVID-19

➢ Every household member age 18 years and older must provide proof of income for the last 30 days.

➢ Every household member (age 18 years or older) that did not have income or is currently not receiving any income, MUST complete this form.

I, ___________________________, attest to the fact that I have received no income for the period covering __________________ through __________________.

I met my financial obligations during this period by:

____________________________________________________________________

____________________________________________________________________

I understand that to perjure (willfully tell the untruth) myself in order to obtain assistance is a fraudulent offense, for which I can be prosecuted.

_________________________ __________________________
Signature of Household Member Date

Revised March 2020
ST. CLAIR COUNTY COMMUNITY ACTION AGENCY
2020 SCHOLARSHIP PROGRAM

SCHOLARSHIPS ARE AVAILABLE FOR ST. CLAIR COUNTY RESIDENTS

APPLICATION DEADLINE: JULY 1, 2020 BY 4:00 P.M.

THIS PROGRAM IS FUNDED BY THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY THROUGH THE COMMUNITY SERVICES BLOCK GRANT PROGRAM (CSBG), IN ACCORDANCE WITH FEDERAL RULES AND THE ILLINOIS ECONOMIC OPPORTUNITY ACT.

"An Equal Opportunity Employer/Program" and "Auxiliary aids and services are available upon request to individuals with disabilities"
ST. CLAIR COUNTY COMMUNITY ACTION AGENCY SCHOLARSHIP PROGRAM

Background

The Community Services Block Grant (CSBG) Program was created by the federal Omnibus Budget Reconciliation Act of 1981. The CSBG Program is designed to provide a range of services that assist low-income people to attain skills, knowledge and motivation necessary to achieve self-sufficiency.

The Illinois Department of Commerce and Economic Opportunity administer the CSBG Programs in accordance with federal rules and the Illinois Economic Opportunity Act. In its administration, the department places equal emphasis on self-sufficiency efforts and providing relief for the immediate needs of low income.

As a result of CSBG funding the St. Clair County Intergovernmental Grants Department/Community Action Agency administers this Scholarship Program. This program provides scholarships to eligible residents of St. Clair County who desire to continue their educational endeavors and demonstrate financial need.

Awards

Each recipient will receive a $2,000 to $4,000.00 scholarship to be applied toward educational expenses. Special consideration will be given to students in high growth occupations and disadvantaged persons of high academic attainment or potential; and preference will be given to applicants of racial or ethnic minorities. Awards will be disbursed directly to the college or university.

Eligibility

To be considered the parent, guardian, or applicant must meet all of the following criteria:

☐ Graduating high school senior or adult enrolled in undergraduate studies or occupational training at an accredited two- or four-year college or university in the State of Illinois for the Fall 2020 academic semester.
☐ Full-time online coursework for the Fall 2019 academic semester.
☐ Applicant must be enrolled in courses for a minimum of 12 credit hours for the Fall 2020 semester.
☐ Resident of St. Clair County.
☐ Possess a minimum cumulative G.P.A of 2.5 on a 4.0 scale.
☐ Household must meet the federal income guidelines.

HOUSEHOLD INCOME GUIDELINES

125% of Federal Poverty

INCOME GUIDELINES ARE SUBJECT TO CHANGE

<table>
<thead>
<tr>
<th># of People Living in Household</th>
<th>Gross Income for 30 days Prior to Application Date</th>
<th>Gross Income for 90 days Prior to Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,329.00</td>
<td>$3,903.00</td>
</tr>
<tr>
<td>2</td>
<td>$1,796.00</td>
<td>$5,284.00</td>
</tr>
<tr>
<td>3</td>
<td>$2,262.00</td>
<td>$6,666.00</td>
</tr>
<tr>
<td>4</td>
<td>$2,729.00</td>
<td>$8,047.00</td>
</tr>
<tr>
<td>5</td>
<td>$3,196.00</td>
<td>$9,428.00</td>
</tr>
<tr>
<td>6</td>
<td>$3,662.00</td>
<td>$10,809.00</td>
</tr>
<tr>
<td>7</td>
<td>$4,129.00</td>
<td>$12,191.00</td>
</tr>
<tr>
<td>8</td>
<td>$4,596.00</td>
<td>$13,572.00</td>
</tr>
</tbody>
</table>

For each additional person add $1,400.00 90 day or $467 monthly
Guidelines effective January 15, 2020
Instructions:
Please read carefully - applications are considered incomplete without the following information.

☐ Applicant must be a resident of St. Clair County.
☐ Falsification of income or any documents will automatically disqualify the applicant.
☐ A completed application, signed by the head of household or applicant if head of household.
☐ The head of household must sign the enclosed St. Clair County IGD Applicant Disclosure Form.
☐ Valid Illinois Driver’s License or State I.D. for head of household and applicant.
☐ Social security cards for all household members.
☐ Medical card, if applicable.
☐ Head of household’s proof of residency (current lease and occupancy permit or mortgage statement and proof of paid taxes)
☐ Proof of your family’s total income for 90 days prior to the date of application (The application date is the day the application is submitted to the agency. For Example: 90-day income required is from June 2, 2020 – September 2, 2020). If household members age 18 and over have no income, they must present a current Illinois Job Link Profile from the Illinois Department of Employment Security (IDES) Office (with current activity for job searches) OR provide a current school schedule. Household members over the age of 18 who do not have any income must complete an Income Affidavit at the office.
☐ 150-300 word essay about your background and educational endeavors and how this scholarship will help you meet your goals (handwritten essays are unacceptable).
☐ Two (2) letters of recommendation; one from a professional educator or professional employer on letterhead, and one personal recommendation.
☐ Fall semester class schedule reflecting enrollment for a minimum of 12 credit hours.
☐ Current 2020-2021 Federal Student Aid Report (The FSAR report is the processed Free Application for Federal Student Aid (FAFSA) results; to file for FAFSA go to www.fafsa.ed.gov/index.htm).
☐ College students must provide a current official transcript.
☐ High school graduates must provide an official high school transcript.
☐ Students with a GED must provide an official copy of the GED scores.
☐ First-time students must attach a letter of acceptance from an accredited Illinois educational institution.
☐ Please forward completed applications with required documentation to St. Clair County Community Action Agency, 19 Public Square, Suite 200, Belleville, IL. 62220-1624, ATTN: CSBG Scholarship Program

College Information:

College/University Name: __________________________

City/State: __________________________

Intended Major: __________________________

Anticipated Graduation date/year: __________________________

Education Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior (Please check one)

Estimated College Expense:

Tuition $_____ Books $_____ Supplies $_____ Fees: $_____ Other $_____  

Are you currently enrolled in a Workforce Investment Act (WIA) sponsored program? Please circle one: Yes / No

Selection Criteria and Notification Process

Awards will be based on the information provided on the application form, the personal essay, academic performance and demonstrated financial need. Eligible applicants will be interviewed by the Ad Hoc Scholarship Committee and notified by mail of the Ad Hoc Scholarship Committee’s decision.

DISCLAIMER:
ST. CLAIR COUNTY INTERGOVERNMENTAL GRANTS DEPARTMENT EMPLOYEES, AFFILIATE GOVERNMENTAL AND COMMUNITY BASED INSTITUTIONS AND MEMBERS OF THEIR IMMEDIATE FAMILY (PARENT, CHILD, SPOUSE, SIBLINGS, AND THEIR RESPECTIVE SPOUSES, REGARDLESS OF WHERE THEY RESIDE, OR A PERSON LIVING IN THE SAME HOUSEHOLD, WHETHER OR NOT RELATED) ARE INELIGIBLE TO PARTICIPATE.
Dear Scholarship Applicant:

To expedite the application process, St. Clair County Community Action Agency has outlined bullet points that will aid you in completing the scholarship application.

- Please check income guidelines in the application to determine income eligibility.
- Read the application thoroughly to ensure proper completion. **Incomplete applications will not be considered.**
- All applicants must provide proof of income for all household members. The income must be for ninety **(90) days prior** to the date the application is submitted.
- Household members **18 years of age or older with no income** during the 90 day time period must submit a current **Illinois Job Link Profile** from the Illinois Department of Employment Security (IDES) Office (with current activity for job searches) or provide a **current school schedule**.
- If you have **more than five members** in your household, please request an additional intake form or make extra copies.
- The application must be signed by the head of household; if the student is the head of household then the student must sign the application.
- The head of household must sign the St. Clair County IGD Applicant Disclosure Form.
- Please submit the completed application **by July 1, 2020** to:

  St. Clair County Community Action Agency  
  19 Public Square Suite 200  
  Belleville, IL 62220-1624  
  Attn: CSBG Scholarship Program

** *** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED ***

Please remember applicants selected for scholarship consideration **may be interviewed** by the Ad Hoc Scholarship Committee.

If you have any questions, please contact us at (618) 277-6790 ext. 3251.
Head of Household Demographic Information: * See Demographic Key and Income Guidelines below:

Name: ____________________________
Relationship: Self
Income Source: ____________________________
90-Day Income Amount: $________

SSN: ____________________________
D.O.B.: ____________________________
Race: ____________________________
Education Level: ____________________________

Family Members: * See Demographic Key and Income Guidelines below:

For additional family members, use additional intake form.

Name: ____________________________
Relationship: ____________________________
D.O.B.: ____________________________
Race: ____________________________
Income Source: ____________________________
90-Day Income Amount: $________

Household Information:

Address: ____________________________
City: ____________________________
Zip: ____________________________
Phone: (________)

Housing Type (Check One) Marital Status (Check One)
Rent _______ Single _______ Married _______
Amt.$ _______ Divorced _______ Widow(er) _______
Own _______
Other _______

Is Family Homeless? Yes ______ No ______
Does Family Receive Food Stamps? Yes ______ No ______
Does Family Have Health Insurance? Yes ______ No ______
If Yes, List Insurance Source: ____________________________

Family Type (Check One) Other (Check One)
Single Person _______ Veteran _______
Single Parent/Female _______ Farmer _______
Single Parent/Male _______ Seasonal Farmer _______
Two Parent Household _______ Migrant Farm Worker _______
Two Adults/No Children _______

125% Federal Poverty Income Guidelines

<table>
<thead>
<tr>
<th>Family Type</th>
<th>30 Day Income</th>
<th>90 Day Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$1,329.00</td>
<td>$3,903.00</td>
</tr>
<tr>
<td>Single Parent/Female</td>
<td>$1,796.00</td>
<td>$5,284.00</td>
</tr>
<tr>
<td>Single Parent/Male</td>
<td>$2,262.00</td>
<td>$6,666.00</td>
</tr>
<tr>
<td>Two Parent Household</td>
<td>$2,729.00</td>
<td>$8,047.00</td>
</tr>
<tr>
<td>Two Adults/No Children</td>
<td>$3,196.00</td>
<td>$9,428.00</td>
</tr>
<tr>
<td>Single Parent/Female</td>
<td>$3,662.00</td>
<td>$10,809.00</td>
</tr>
<tr>
<td>Single Parent/Male</td>
<td>$4,129.00</td>
<td>$12,191.00</td>
</tr>
<tr>
<td>Two Parent Household</td>
<td>$4,596.00</td>
<td>$13,572.00</td>
</tr>
</tbody>
</table>

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

APPLICANT STATEMENT: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation and by my signature, I authorize others to release such information as may be required for the determination of my eligibility. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Applicant: ____________________________ Date: __________
Signature: ____________________________

Staff: ____________________________ Date: __________
Signature: ____________________________

Feb 2020
Income Affidavit

I, __________________________, attest to the fact that I have received $ __________________________ for the period covering __________________________ to __________________________.

I met my financial obligations during this period by:

__________________________________________

__________________________________________

__________________________________________

I understand that to perjure (willfully tell the untruth) myself in order to obtain assistance is a fraudulent offense, for which I can be prosecuted.

__________________________________________  Date

Signature of Applicant

__________________________________________  Date

Signature of Staff
St. Clair County Intergovernmental Grants Department
Disclosure Form

I________________________ attest to the best of my knowledge that:

Please check one

☐ I am not an employee, related to, or have any relationship including being an acquaintance of anyone employed by the St. Clair County Intergovernmental Grants Department.

☐ I am an employee of the St. Clair County Intergovernmental Grants Department.
   Division______________________________________________________________
   Immediate Supervisor__________________________________________________

☐ I am related to or have a relationship including being an acquaintance of an employee of the St. Clair County Intergovernmental Grants Department.
   Name of employee_____________________________________________________
   Relationship to employee_______________________________________________

☐ I am related to or have a relationship including being an acquaintance of a board member of the St. Clair County Community Action Agency Board.
   Name of Board member________________________________________________
   Relationship to Board member___________________________________________

Signature ___________________________ Date ___________________________ Witness ___________________________ Date ___________________________

I certify that my responses to the above questions are complete and correct to the best of my knowledge. I understand the disclosure of this information may or may not disqualify me for services, nor give me an advantage to any benefit programs within St. Clair County Intergovernmental Grants Department.

Office Use Only

I have reviewed the potential conflict of interest with the above named applicant and determined:

☐ There is no conflict.

☐ A potential conflict exists and procedures have been implemented to address it. (See Attachment).

Coordinator/Supervisor _______________ Date _______________ Grants Committee Member _______________ Date _______________

IGD Director _______________________ Date __________________

Grants Committee Chairman ___________ Date _______________

Grants Committee Member _______________ Date _______________

Grants Committee Member _______________ Date _______________

Revised: Oct. 2013
Release Form

I, ____________________________, authorize the St. Clair County Intergovernmental Grants Department/Community Action Agency to release my name, city and state that I reside and photograph for media purposes only.

I have read and acknowledged the above statement.

Applicant Signature: ____________________________

Print Name: ____________________________

Date: ____________________________

Parent or Guardian Signature: ____________________________
(If applicable)