

Chanooka Wish www.chanookawf.org 815-521-2850 Carolyn@chanookawf.org

Main CW Assistance Application

This form is to be completed by families looking for eligibility to receive assistance in Chanooka Wishe's programs for the current year. This is an annual form that will need to be completed for consideration. This application needs to be submitted with the following information. (if not submitted at the same time can

cause a delay in approving your application. 2024 TAXES, or paystubs for past 2 months

| Today's date | | Applicant name | Cell # |
|-------------------------|---|----------------------------|--------|
| Д | Applicant Home Address | # of people living in home | |
| Proof of Income Section | | | |
| Receiving Food Stamps | | | |
| Link Card | List Other assistance you a receiving here. | are | |

Program Interest Area:

Comments can be typed in the above box.

I certify that the information I have provided is accurate and complete. I authorize Chanooka Wish to verify this information. I understand the following eight points: 1. If information I have provided proves to be inaccurate or untrue that I may be disqualified from this program and others provided by Chanooka Wish; 2. This is an income-based program — filling out this application does not guarantee assistance; 3. My ability to receive assistance is based on my ability to turn in my completed application on time with all the required proof of my income; 4. My ability to receive assistance is based on the availability of organizations and individuals willing to adopt families; 5. Assistance is provided on a first-come, first-served basis; 6. Items my family receives are due to the generosity of others who are doing their best to help those in need — an attitude of gratitude toward these organizations and individuals is appropriate; 7. Any abusive behavior toward adopting organizations and individuals or Chanooka Wish staff or volunteers may result in future disqualification from Chanooka Wish programs; 8. I will receive assistance from only one organization in Grundy County and notify Chanooka Wish if accepted from another organization. Fax: 866-833-3636 | Email: Carolyn@chanookawf.org | Mail:25900 McEvilly Rd, Minooka IL 60447

Best time to reach you:

Best way to reach you:

By entering your name in this box is acceptance in the terms stated within this document.