

DEKALB TOWNSHIP GENERAL ASSISTANCE OFFICE
Mary Hess, Supervisor

2323 S. Fourth Street
DeKalb, IL 60115

Phone: (815) 758-8282
Fax: (815) 758-0124

VERIFICATION REQUEST FORM

CLIENT: _____

In order to process your application, the following verifications are required. Inform the Caseworker if an item does not apply to you.

1. ** If you are unable to work due to a disability, we will require specific documentation. Your caseworker will address this during your interview.
2. Application completed with date and signature
3. Assets: Stocks, Bonds, CD's, 401(k), Money Markets, Annuities, etc.
4. Bank Statements for all accounts (checking, savings, credit union, prepaid bank card) held individually or jointly
5. Birth Certificates for all household members
6. DHS benefits letter or application receipt for AABD, RRA, SNAP & TANF
7. Drivers License or State ID for each adult in the unit
8. Eviction Notice or Landlord Statement
9. IL Job Link registration
10. Lease, Mortgage Statement, letter from landlord, or rent receipt
11. Legal Permanent Residency Card or Naturalization Certificate if born outside of US
12. Life Insurance Policies
13. Marriage Certificate, Divorce Decree or Legal Separation documents, including Child Support Order
14. Medical Insurance Card or current Medicaid Card
15. Prison, Parole or Probation Records
16. Proof of Income for the last 30 days from all sources, including paystubs and/or gifts from friends or relatives
17. Proof of payments received in the last 30 days from Child Support, Social Security, Pensions,
18. Social Security Cards for all household members
19. Social Security/SSI Award Letter or application receipt
20. Title, Registration, or Payment Book for all vehicles
21. Utility Bills
22. Verification of Unemployment Compensation (dated within the last 30 days)
23. Worker's Compensation documents

Issued By: _____ Date: _____