

## Program Application Requirements

### Who may apply?

Applicants must meet ALL of the following requirements:

1. U.S. citizen/resident alien
2. Medicare recipient
3. Age 65 or older as of January 1, 2025
4. A resident of Elgin Township in Kane County

### What must my total annual income be in order to qualify?

- Single person: Not more than \$34,600 annual gross income
- Married persons: Not more than \$40,600 annual gross income (combined)

### When can I apply?

The application period is July 1 – July 31, 2024.

### Where can I get an application?

Additional copies of this application are available at the Elgin Township Office at 729 S. McLean Blvd. in Elgin and also at [ElginTownship.com](http://ElginTownship.com) under the Seniors tab.

### How will I know if I have been approved for the program?

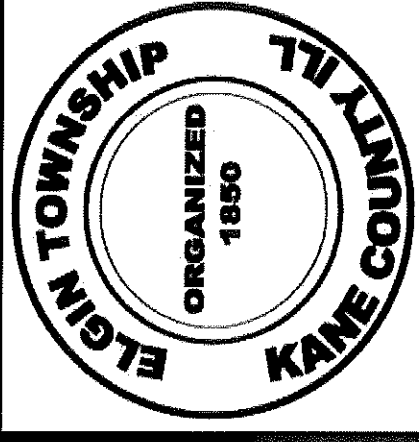
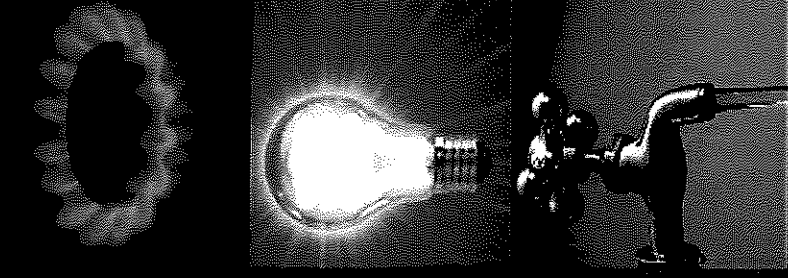
The Elgin Township Office will notify you by mail as to whether you have or have not been approved for this program.

All qualifying persons may reapply each year.

**Additional questions? Call 847-741-2045**

## ELGIN TOWNSHIP CARES

### Senior Utility Assistance Program



Elgin Township cares about its age 65 & older population and wishes to show support by offering this program to Elgin Township residents aged 65 & older with limited income. Program recipients will receive assistance toward utility bills (gas, water, electric).

Elgin Township will award the limited number of recipients \$300 toward the utility bill(s) of their choice. The utility bill(s) must be in the applicant's name and for the current address. Only one application per household is allowed.

# Elgin Township Cares Senior Utility Assistance Program

729 S. McLean Blvd., Elgin, IL 60123  
847-741-2045

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Annual income:

Social Security (Monthly): You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Pension (Monthly): You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Wages (Monthly): You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Other Income: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Combined Annual Income (with Spouse): \$ \_\_\_\_\_

**All applications and required documents must be received by the  
Elgin Township Office at 729 S. McLean Blvd. in Elgin  
by July 31, 2024, during business hours (8:00-4:00).**

### When delivering your completed application, you must also bring your:

- Current Medicare card
- Current utility bill(s) for which you want to apply the funding toward (must be in applicant's name for current address)
- Driver's license or state-issued photo ID
- Copy of federal income tax return filed the previous year or the current Social Security award letter if no tax return is file

I verify the submitted information is truthful and correct: \_\_\_\_\_

Signature