



2023 Village of Glenview

Senior Housing Assistance Program Application

The Village of Glenview has approved up to \$2,145 per year toward rent or property taxes for qualifying Glenview senior citizens. Qualified recipients will be selected according to need. Checks are issued twice per year and are made payable to the applicant only. Any questions, please contact Kim Hand at 847.904.4366.

A W9 form must be completed each year and is included with the application. The Village of Glenview expresses no opinion on whether the grant is taxable income—please consult with a trusted professional for tax related questions.

To Qualify:

You may be eligible for financial assistance if:

1. You have been a Glenview resident (living within the corporate limits of the Village) for at least two (2) years consecutive years at the time of application. ***(Documentation will need to be provided for 2 years of consecutive residency at the time of application.)***
2. Your Glenview residence is your ***only*** residence and you DO NOT own any other property.
3. You are 62 years of age or older at the time of application.
4. For a one-person household, your total yearly income must be below \$20,385.
For a two-person household, is your total yearly income must be below \$27,465.
(A household is anyone living in the residence. Income thresholds are based on 150% of the 2022 Federal Poverty Level for annual income for the 48 contiguous states.)
5. You pay rent or real estate taxes.
(Lease agreement and Real Estate Taxes must be in applicant's name)
6. You are **NOT** a resident of the Patten House of Glenview, a retirement home, assisted living facility, or a nursing home.
7. You are **NOT** receiving Federal HUD Section 8 subsidies.
8. You do **NOT** have any outstanding debts or liens owed to the Village of Glenview.

To Apply:

Completed applications, including all required documentation, will be accepted until **February 10, 2023, 4:30 PM.**

Any application missing documentation and/or received
after this date will not be eligible.

Applications, along with documentation, must be signed and mailed to:

Glenview Senior Services, 2500 East Lake Avenue, Glenview, IL 60026

Or presented in person **BY APPOINTMENT ONLY** by calling Kim Hand at 847.904.4366.

A. Applicant Information					
Name:			Date of Birth:		
Address:					
City:			State:		Zip Code:
Phone:			Number of Years in Glenview:		
If you have lived at your current address for less than two (2) years, please provide your previous address.					
Previous Address:					
Number of Years at Previous Address:					
If others live in the household with you, please provide their information below.					
Name:			Date of Birth:		
Relationship:					
Name:			Date of Birth:		
Relationship:					

****Required Documentation:**

- A copy of the current State ID/Driver's License for all members of the household. (A household is anyone living in the residence.)

----- CONTINUE TO PAGE 3 -----

B. Housing Information and Costs							
Type of Residence:	Apartment		House		Manufactured Home		Townhouse/Condominium
Do You?	Rent		Own		Rent pad for manufactured home		
Is your current residence the only property you own?						YES	NO No
<u>Renters</u>							
If you rented in 2022 and continue to rent in 2023, please complete the following questions.							
Person/Agency to which you paid rent:							

Landlord Address:							
City:					State:		Zip Code:
Phone:							
Monthly Rent in 2022:			Is heat included in cost of rent?				
<u>Homeowners</u>							
If you own a home, please complete the following questions.							
Taxes paid in 2022:			Are all your property taxes paid and up to date?				

****Required Documentation:**

Renters:

- A copy of your lease agreement for 2022 and 2023
- A copy of 12 cancelled checks front and back OR 12 bank statements

Homeowners:

- A copy of your property tax bills paid in 2022 (2021 property tax year)
- If you have a mortgage, attach a copy of your mortgage statement and a cancelled check

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C. Applicant Income			
Please use 2022 <u>annual</u> amounts when responding to income and deduction questions.			
2022 US 1040 File?	YES	NO	No
**Required Documentation: If you filed a <u>2022 US 1040</u> , please attach it for verification.			
Social Security			
Social Security Benefits:		Spouse/Domestic Partner Social Security Benefits:	
A	Total Household Social Security Benefits		
**Required Documentation: If you received Social Security in 2022, <u>please attach a copy of form SSA 1099</u> . If you are unable to locate this form, please call the Social Security office at 1-800-772-1213 and ask for the total benefits you received in 2022 and request that a form be sent to you or visit your local Social Security office for the form. <u><i>This form MUST be included.</i></u>			

Pension/Retirement Funds			
Name of Benefit Provider:			
Account Number:		Amount Received:	
Name of Benefit Provider:			
Account Number:		Amount Received:	
B	Total Pension/Retirement Income		
**Required Documentation: <u>Please attach verification of payments you received.</u>			
Dividends/Interest Earned			
Location/Financial Institution:			
Account Number:		Amount Received:	
Location/Financial Institution:			
Account Number:		Amount Received:	
C	Total Dividends/Interest Earned		
**Required Documentation: <u>Please attach copies of your form 1099 as verification.</u>			
Cash Assistance			
Please provide information regarding any cash assistance you received from other sources (i.e. family members or friends).			
Person/Agency:		Amount Received:	
Person/Agency:		Amount Received:	

D	Total Cash Assistance Received	
C. Applicant Income - Continued		
Please use 2022 <u>annual</u> amounts when responding to income and deduction questions.		
Salaries, Wages, Commissions		
Name of Employer:		Amount Received:
Name of Employer:		Amount Received:
E	Total Salaries, Wages, and Commissions	
**Required Documentation: <u>Please attach copies of your W-2 forms, 1099 forms, or commission statements for verification.</u> Please note, you may be required to submit previous tax forms for verification of salaries, wages, and/or commissions.		

Other Income		
Please provide information regarding other investment income such as rental income, sale of stocks or bonds, etc.		
Income Source:		Amount Received:
Income Source:		Amount Received:
F	Total Other Income	
**Required Documentation: <u>Please attach copies for verification.</u>		
APPLICANT TOTAL INCOME (add lines A – F)		

D. Applicant Deductions	
Please provide information about non-reimbursed and uninsured medical or dental expenses in 2022. This includes services not covered by Medicare or medical insurance, deductibles, and premium payments, and other related medical or dental costs not reimbursed to the applicant. <u>Please itemize each deduction and attach verification for amount to be deducted from income. If there is no verification, amount cannot be deducted.</u>	
Medicare Part B:	
Medicare Part D:	
Medicare Supplements:	
Doctor Bills:	
Pharmaceutical Expenses:	
Other:	
APPLICANT TOTAL DEDUCTIBLES	
APPLICANT NET INCOME (Total Income – Total Deductibles)	

E. Household Income			
2022 US 1040 File?		YES	NO
**Required Documentation: If you filed a 2022 US 1040, please attach it for verification			
Social Security			
Social Security Benefits:		Spouse/Domestic Partner Social Security Benefits:	
A Total Household Social Security Benefits			
**Required Documentation: If you received Social Security in 2022, <u>please attach a copy of form SSA 1099</u> . If you are unable to locate this form, please call the Social Security office at 1-800-772-1213 and ask for the total benefits you received in 2022 and requests that a form be sent to you or visit your local Social Security office for the form. <u>This form MUST be included.</u>			
Pension/Retirement Funds			
Name of Benefit Provider:			
Account Number:		Amount Received:	
Name of Benefit Provider:			
Account Number:		Amount Received:	
B Total Pension/Retirement Income			
**Required Documentation: <u>Please attach verification of payments received.</u>			
Dividends/Interest Earned			
Location/Financial Institution:			
Account Number:		Amount Received:	
Location/Financial Institution:			
Account Number:		Amount Received:	
C Total Dividends/Interest Earned			
**Required Documentation: <u>Please attach copies of form 1099 as verification.</u>			
Cash Assistance			
Please provide information regarding any cash assistance they received from other sources (i.e. family members or friends)			
Person/Agency:		Amount Received:	
Person/Agency:		Amount Received:	
D Total Cash Assistance Received Earned			
**Required Documentation: <u>Please attach a statement from each person to verify assistance.</u>			

E. Household Income - Continued

Please use 2022 annual amounts when responding to income and deduction questions.

Salaries, Wages, Commissions

Name of Employer:		Amount Received:	
Name of Employer:		Amount Received:	

E	Total Salaries, Wages, and Commissions	
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****Required Documentation:** Please attach copies of W-2 forms, 1099 forms, or commission statements for verification. Please note the household member may be required to submit previous tax forms for verification of salaries, wages, and/or commissions.

Other Income

Please provide information regarding their other investment income such as rental income, sale of stocks or bonds, etc.

Income Source:		Amount Received:	
Income Source:		Amount Received:	

F	Total Other Income	
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****Required Documentation:** Please attach copies for verification.

OTHER HOUSEHOLD TOTAL INCOME (add lines A – F)

TOTAL HOUSEHOLD INCOME

(Applicant Net Income + Other Household Total Income)

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F. Applicant Assets			
Please use 2022 <u>annual</u> amounts when responding to asset questions.			
Cash Accounts (Checking/Savings, Certificates of Deposit (CDs), Etc.)			
Name of Financial Institution:			
Account Type:		Amount:	
Name of Financial Institution:			
Account Type:		Amount:	
A	Total Cash Accounts Balance		
**Required Documentation: <u>Please attach year-end statements for verification.</u>			

Securities (Stocks, Bonds – listed and unlisted)			
Location/Financial Institution:			
Account Type:		Amount:	
Location/Financial Institution:			
Account Type:		Amount:	
B	Total Securities Held		
**Required Documentation: <u>Please provide verification of holdings.</u>			

Business Ownership			
Business Name:			
Type of Business:			
Type of Business Venture:			
Location:		Value:	

C	Total Business Ownership Value	
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Life Insurance			
Please provide information regarding the cash value of any life insurance policy.			
Name of Insurance Company:			
Policy Number:		Value:	
D	Total Cash Value of Life Insurance		
**Required Documentation: <u>Please attach a current statement from the life insurance company as verification.</u>			

APPLICANT TOTAL ASSETS (Add lines A – D)		
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G. Household Assets – All others in household			
Please use 2022 <u>annual</u> amounts when responding to asset questions.			
Cash Accounts (Checking/Savings, Certificates of Deposit (CDs), Etc.)			
Name of Financial Institution:			
Account Type:		Amount:	
Name of Financial Institution:			
Account Type:		Amount:	
A		Total Cash Accounts Balance	
**Required Documentation: <u>Please attach year-end statements for verification.</u>			
Securities (Stocks, Bonds – listed and unlisted)			
Location/Financial Institution:			
Account Type:		Amount:	
Location/Financial Institution:			
Account Type:		Amount:	
B		Total Securities Held	
**Required Documentation: <u>Please provide verification of holdings.</u>			
Business Ownership			
Business Name:			
Type of Business:			
Type of Business Venture:			
Location:		Value:	
C		Total Business Ownership Value:	
Life Insurance			
Please provide information regarding the cash value of any life insurance policy.			
Name of Insurance Company:			
Policy Number:		Value:	
D		Total Cash Value of Life Insurance	

****Required Documentation:** Please attach a current statement from the life insurance company as verification.

OTHER HOUSEHOLD TOTAL ASSETS (Add lines A – D)	
TOTAL HOUSEHOLD ASSETS (Applicant + Other Household)	

H. Unusual Factors to Consider (please describe)

----- CONTINUE TO PAGE 12 -----

I. Authorization and Signature

I declare, under penalty of perjury, that I have examined this form and all accompanying statements or documents pertaining to this income and resources of myself (the applicant) or any members of my household or pertaining to any other matter bearing upon my eligibility for financial assistance and to the best of my knowledge and belief the information supplied is true, correct and complete. I understand that to perjure myself to obtain financial assistance is a fraudulent offence for which I can be prosecuted. I understand the funds allocated by the Village of Glenview Senior Housing Assistance Program are for a period of twelve (12) months only. Completion of this application does not guarantee that I will be eligible for assistance. I also state that there is no objection to a personal, confidential interview with members of the application review committee. If further documentation is requested by the review committee, a release of information may be required and/or any other pertinent information.

Name of Applicant (print):		
Applicant Signature:		
Date:		
Name of Others in Household	Signature of Others in Household	

All information supplied is held in strictest confidence.

*You can and are encouraged to call the Senior Services Coordinator at (847) 904-4366 to arrange an appointment to review the application prior to submitting it to ensure all needed documentation is correct. **If documentation is missing, your application will be denied.***



Vendor Registration Form (W-9 Form)

Please complete registration form and submit to AP@glenview.il.us or mail to address listed to the right.

Village of Glenview
Finance Department
2500 E Lake Ave
Glenview, IL 60026
847-904-4339

Vendor Information

Vendor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Type of Business (check one): ☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership
☐ Limited Liability Company (enter tax class - C, S, or P) () ☐ Other - List: _____

Tax ID # or SSN #: _____

Vendor Contact Name: _____

Email: _____

Payment Remittance/DBA (if different from above)

Payment Name: _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

Classification Indicators (check all that apply)

If any certifications are checked,
please submit evidence of certification with completed form.

This information is collected for reporting purposes only

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Small Business (SB)

Meets certification requirements as a small business under SBA standards

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Minority Owned Business (MBE)

A business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

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Women Owned Business (WBE)

A business which is at least 51% owned by one or more women, or in the case of a corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it.

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Veteran Owned Business (VBP)

A business (i) which is at least 51% owned by one or more qualified veterans living in Illinois, or in the case of a corporation, at least 51% of the stock of which is owned by one or more qualified veterans living in Illinois; (ii) that has its home office in Illinois; and (iii) for which items (i) and (ii) are factually verified annually by the Commission on Equity and Inclusion.

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Does not apply

Vendor Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

This Vendor Registration Form substitutes IRS Form W-9

Signature _____

Title _____

Date _____