VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY

Financial Assistance Packet

CONTENTS

- Community Assistance Programs
- Lake County Township Contact
- Financial Assistance Checklist
- Release of Information
- Benefits Available
- Rights and Responsibilities
- Financial Assistance Application
- VA From 21-22 & Explanation
- Tax Form Request
- SSA Consent ROI and Request
- CHAMP ComEd Application

USEFUL CONTACT INFORMATION

- VA Hotline
  - 800-827-1000
- James A Lovell Federal Health Care Center
  - Main: 847-688-1900
  - Enrollment: 224-610-1463
  - Billing: 877-874-2273
- Lake County Assessors Office
  - 847-377-2050
- Defense Finance Accounting Services
  - 888-332-7411
- Illinois Department of Veterans Affairs
  - 800-437-9824
- Lake County Veterans and Family Services
  - 847-986-4622
- Illinois Armed Forces Legal Aid Network
  - 855-452-3526

CONTACT US AT:

847-377-3344

847-984-5750

veterans@lakecountyil.gov

501 N Riverside Dr
Suite 106
Gurnee, IL 60031

WELCOME TO THE VAC.

Thank you for reaching out to us in request of Financial Assistance. We understand how difficult it can be to ask for help. The VAC is committed to helping Veterans with an Honorable Discharge and their families in their time of need. Emergency Financial Assistance is available only once in a 12 month period and is to be used for emergency assistance with shelter, food, utilities etc.

Please complete the packet and return to the VAC in its entirety. Please follow the checklist to ensure all required documentation is included. Failure to submit required documentation could result in a delay in receiving a decision and may result in denial. If you have questions or concerns please contact us.

LAST REVISION
4/30/2021

Financial Assistance
Table of Contents

Other Organizations to Contact First 1-3
Lake County Township Contact Numbers 4
Items Required for Financial Assistance 5
Fraud Disclaimer Form MOU 6
Authorization for the Release of Information 7
Notice of Benefits Available Under the Emergency Assistance Program 8
Rights and Responsibilities 9-10
VAC Financial Assistance Application 11-14
Explanation of VA Form 21-22 15

VA Form 21-22 16-17
Request for Copy of Tax Form 18-19
SSA Consent for Release of Information 20-21
Request for Social Security Statement 22-24
CHAMP ComEd Application 25-26

Please verify you have contacted the agencies below. We will need a caseworker's signature and phone number for verification purposes. If only a phone call was made, we will need the name and number of the person you spoke to and the date of your conversation.

Volunteers of America
312-564-2334

_____ _____
Caseworkers Signature Date

_____ _____
Caseworkers printed name Caseworkers Direct Number

Eligible for Assistance? YES or NO

If yes, how much? _____

Catholic Charities
671 S. Lewis
Waukegan, IL 60085

_____ _____
Caseworkers Signature Date

_____ _____
Caseworkers Printed Name Caseworkers Direct Number

Eligible for Assistance? YES or NO

If yes, how much? _____

TLS
815-679-6667 x 305

_____ _____
Caseworkers Signature Date

_____ _____
Caseworkers Printed Name Caseworkers Direct Number

Eligible for Assistance? YES or NO

If yes, how much? _____

Salvation Army
850 S. Greenbay Rd
Waukegan, IL 60085

_____ _____
Caseworkers Signature Date

_____ _____
Caseworkers Printed Name Date

Eligible for Assistance? YES or NO

If yes, how much? _____

Local Township

Caseworkers Signature _____ Date _____

Caseworkers Printed Name _____ Date _____

NAME OF TOWNSHIP (please print) _____

Eligible for Assistance? YES or NO

If yes, how much? _____

FOOD PANTRIES IN LAKE COUNTY

Avon Cares Food Pantry
433 E Washington St
Round Lake Park, IL 60073
847-546-1476
Mon – 1pm – 3:30pm
Tue – 1pm – 3:30pm
Fri – 9am – 11:30am
Sat/Sun - Closed

Christian Assembly of God
2929 Bethel Blvd
Zion, IL 60099
847-872-3541
1st visit you will need a picture ID and utility bill with your current address. All visits after the first will only require ID
Hours of operation – 10am – 1pm, closed 5th Wed of each month. Lunch is available until 12:30pm

Christian Faith Fellowship Church
1730 Washington Ave
Waukegan, IL 60085
847-244-2332

Christian Faith Fellowship
1727 27th St
Zion, IL 60099
847-731-0700

Christian Fellowship Church
621 Belvidere Street
Waukegan, Illinois 60085
(847) 336-1815
Some holiday meals may be administered to local residents of this part of Lake County.

Christian Valley Missionary Baptist Church
2690 Argonne Drive
North Chicago, IL 60064
Call (847) 473-3567

Connect Family Service
777 Central Avenue
Highland Park, IL 60035
For referrals, dial (847) 432-4981 x102
Specialists can refer clients to SNAP intake sites, USDA commodities, disability, and other hunger prevention resources.

COOL Food Pantry, East
800 W. Glen Flora Ave
Waukegan, IL 0085
847-662-1230
M-F – 10am – 2pm
One Saturday per month – 10am – noon (call for details)
must arrive 15 minutes early.

Emmanuel Faith Bible Christian Center
1840 Lincoln Street
North Chicago, IL 60064
(847) 473-4854
Students can get snacks from Summer Food Service, there is clothing and Easter food baskets, gifts, and other programs run by the charity food bank.

Gracepointe Church
1221 West Maple Avenue
Mundelein, IL 60060
Telephone: (847) 566-6650

Greater Faith Church
565 Powell Ave
Waukegan, IL 60085
847-244-4400

Holy Family Food Pantry
912 8th St
Waukegan, IL 60085
847-623-2112

Liberty Temple Full Gospel Church
711 Eighth Street
Waukegan, Illinois 60085
(847) 662-3182

Midwest Veterans Closet
2323 Green Bay Rd
North Chicago, IL 60064
847-354-2108

North Point Community Christian Church
900 Lewis Ave
Winthrop Harbor 60096
847-746-5522

Our Lady of Humility
10655 Wadsworth Road
Zion, IL 60099
847-872-8778

Saint Mary of Vernon - Sharing Hands
236 U.S. Highway 45
Vernon Hills, Illinois 60061
For hours, call (847) 362-1069
Programs include a clothing closet, food pantry, household items, and holiday meals.

Santa Maria Del Popolo Parish Office
116 N. Lake St
Mundelein, IL 60060
847-949-8300

St. Anastasia Church
624 Douglas Ave
Waukegan, IL 60085
847-623-2875

UMMA Center
221 Washington St
Waukegan, IL 60085
847-336-6136

United Way of Lake County
330 S Greenleaf St
Gurnee, IL 60031
847-775-1000

Wauconda-Island Lake Food Pantry
505 E Bonner Road
Wauconda, IL 60084
Call for hours

CONTACT NUMBERS FOR LAKE COUNTY TOWNSHIPS

Antioch Township
1625 N Deep Lake Road
Lake Villa, IL 60046
Phone: 847-395-3378

Avon Township
433 E Washington Street
Round Lake Park,
IL 60073
Phone: 847-546-1446

Benton Township
40020 N Green Bay Road
Beach Park, IL 60099
Phone: 847-746-2100

Cuba Township
28000 W Cuba Road
Barrington, IL 60010
Phone: 847-381-1924

Ela Township
1155 E Route 22
Lake Zurich, IL 60047
Phone: 847-438-7823

Fremont Township
22376 W Erhart Road
Mundelein, IL 60060
Phone: 847-223-2847

Grant Township
26725 W Molidor Road
Ingleside, IL 60041
Phone: 847-740-2233

Lake Villa Township
37908 N Fairfield Road
Lake Villa, IL 60046
Phone: 847-356-2116

Libertyville Township
359 Merrill Court
Libertyville, IL 60048
Phone: 847-816-6800

Moraine Township
777 Central Avenue
Highland Park, IL60035
Phone: 847-432-3240

Newport Township
40870 Hunt Club Road
Old Mill Creek, IL 60083
Phone: 847-838-6869

Shields Township
906 Muir Avenue
Lake Bluff, IL 60044
Phone: 847-234-0802

Vernon Township
3050 N Main Street
Buffalo Grove, IL 60089
Phone: 847-634-4600

Warren Township
17801 Washington St
Gurnee, IL 60031
Phone: 847-244-1101

Wauconda Township
505 W Bonner Road
Wauconda, IL 60084
Phone: 847-526-2631

Waukegan Township
149 S Genesee Street
Waukegan, IL 60085
Phone: 847-244-4900

West Deerfield Township
601 Deerfield Rd
Deerfield, IL60015
Phone: 847-945-0614

Zion Township
1015 27th Street
Zion, IL 60099
Phone: 847-872-2811

ITEMS REQUIRED FOR FINANCIAL ASSISTANCE

☐ **DD214 (Member 4 Copy):** Must reflect honorable or general discharge without misconduct. DD214's reflecting less than 24 months of peacetime service or any other discharges other than the two listed above, are not eligible for financial assistance through our office.

☐ **Photo ID:** Must be included in initial application.

☐ **Marriage License:** Must be included in initial application.

☐ **Birth Certificates for Dependent Children:** Must be included in initial application.

☐ **Lease/Mortgage:** Must be current.

☐ **Most Current Utility Bills:** Bills must be dated within the past 30 days.

☐ **Last Two Months of Bank Checking/Savings Statements:** If you tell us you do not have a bank account and we verify that you do have a bank account in which you did not disclose, it will be an **automatic denial** and you will not be eligible to apply again for one year from the date of application. **BANK ACCOUNT INFORMATION IS REQUIRED FOR FINANCIAL ASSISTANCE FOR ALL ACCOUNTS, CHECKING AND SAVINGS**

☐ **Proof of Income for Entire Household:** This includes anyone over the age of 18 that is living with you and contributing to the household income. Proof of income includes: Pay stubs for the past **60** days, direct deposit on bank statement, Social Security, child support, VA benefits, etc.

- All items listed above are required when returning the completed financial assistance packet. If the documents listed above are not included, **it will result in an automatic denial and you will not be eligible to apply again for one year from the date of application.**
- Failure to disclose all income, including VA compensation/pension **will result in an automatic denial and you will not be eligible to apply again for one year from the date of application.**
- Any false information may be turned over to the State's Attorney for review, which may result in possible prosecution.

Please sign below that you have read and acknowledged the items listed above.

_____ _____

Signature Date

Andrew Tangen, Superintendent
Sherry Kruse, Assistant Superintendent
Veterans Assistance Commission of Lake County
501 N. Riverside Dr. Ste 106
Gurnee, IL 60031
www.facebook.com/lakecountyvac

FRAUD DISCLAIMER FORM
MEMORANDUM OF UNDERSTANDING

Note: Before signing this form, please understand that the Veterans Assistance Commission of Lake County (VACLC) provides a valuable service to the Veterans, widows, and specific dependents of this county. Abuse of any services provided by this office will not be tolerated.

I (we) fully understand that failure to report to disclose all necessary documentation pertaining to proof of Veterans status, sources of income, expenses, and other data requested by this County office, or as required by Illinois or Federal law, or the requirements of the U.S. Department of Veterans Affairs can delay a VA claim and may result in the denial of a VACLC General Assistance claim. I (we) fully understand that it is unlawful to impersonate a Veteran for personal gain. **Fraudulent claims: impersonating a Veteran, widow, or dependent and providing false information on your application to obtain monetary benefits, will result in prosecution proceedings being filed by this office with the States Attorney, which may result in possible prosecution.**

Therefore, I (we) certify that all of the ***documentation and information*** provided is true and correct. By signing this form, I (we) authorize the Veterans Assistance Commission of Lake County to complete a verification process in order to confirm the accuracy of the information and /or documentation presented. If a claim is dismissed due to false information or fraudulent documentation, I (we) agree to hold the Veterans Assistance Commission of Lake County free of all liabilities for this claim. Additionally, it is understood that a copy of this claim application and/or any information resulting from the verification process shall be furnished to the States Attorney, and upon review, may result in possible prosecution.

_____ _____
Signature of Application/Claimant Date

_____ _____
Signature of Spouse (if applicable) Date

(VACLC EMPLOYEE USE ONLY)
I attempted to obtain concurrence on behalf of the VACLC, but, due to the one of the following, I was unable to obtain the claimants consent:

_____ Individual(s) refused to sign this consent form

_____ Other (specify) _____

VAC Employee _____ Date _____
(printed name and title)

Andrew Tangen, Superintendent
Sherry Kruse, Assistant Superintendent
Veterans Assistance Commission of Lake County
501 N. Riverside Dr, Ste 106
Gurnee, IL 60031
www.facebook.com/lakecountyvac

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize any person, Bank, company, Corporation, Organizations, Federal or State agency or Institution to furnish to the Veterans Assistance Commission any request for information, relative to my accounts, deposits, investments, securities, wages, Social Security income, employment verification or Business of any kind whatsoever.

Release to: VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY
501 N. RIVERSIDE DRIVE, STE 106
GURNEE, IL 60031
PHONE: 847-377-3344
FAX: 847-984-5750
EMAIL: VETERANS@LAKECOUNTYIL.GOV

Signature _____ SSN _____

Address _____

City, State, Zip _____

Date _____

NOTICE OF BENEFITS AVAILABLE UNDER THE EMERGENCY ASSISTANCE PROGRAM

Emergency assistance provides financial aid for two (2) purposes and two (2) purposes only. (1), to help alleviate a life-threatening circumstance, or (2) to help pay a work-related expense necessary to obtain or maintain employment. A life-threatening circumstance is a condition which poses an imminent peril to health and safety because of a lack of or the jeopardizing of the availability of shelter, food, utility service, medication, transportation or other basic necessity. You may also receive Emergency assistance to help pay for a work-related expense, but only if payment of the expense is necessary for you to get to or keep a job. In order to help you pay such expenses, the General Assistance office may also refer you to other agencies or programs or for other services.

You may receive Emergency assistance only once in any twelve (12) month period. Assistance up to the amount of Payment Level is disbursed by means of disbursing orders (requests to a vendor to provide goods and services in return for payment by the General Assistance office) or by payment directly to a provider of goods and services. You will not receive cash. The personnel of the General Assistance Office will tell you what the appropriate payment level is for the size of your household.

You may receive Emergency assistance even though you have applied for and been approved to receive monthly welfare assistance (such as Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), Refugee and Repatriate Assistance (RRA) or Supplemental Security Income (SSI) as long as you have not yet begun to receive monthly payments of such assistance; however, if you have already begun receiving monthly payments of cash or other welfare assistance, you cannot receive Emergency assistance.

If you have any questions about Emergency Assistance or the program requirements or particulars, you should ask the personnel of the General Assistance Office. In addition, you may inspect the General Assistance Offices Emergency Assistance Handbook during regular office hours.

I acknowledge receipt of a copy of the foregoing Notice of Benefits Available under the Emergency Assistance Program this _____day of _____, 2_____.

_____

Applicant

Notice of Benefits (revised 10/2009)

Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients

As an applicant for or recipient of Emergency Assistance you have certain rights and responsibilities.

RIGHTS

You have the following RIGHTS:

(1) You have a right to file a written application for Emergency Assistance and to be assisted in completing an application. You may obtain an application at the General Assistance Office or request one by telephone or mail.

(2) You have a right to voluntarily withdraw any application for Emergency Assistance you file.

(3) You have a right to read the Emergency Assistance Handbook and ask questions about it.

(4) You have a right not to be discriminated against because of race, religion, color, sex, sexual preference, national origin, age, handicap status or political affiliation.

(5) You have a right to have the information you provide kept confidential unless disclosure is required to determine your eligibility or is otherwise required or permitted by law.

(6) You have a right to written notice of the benefits available under the Emergency Assistance Program.

(7) You have a right to be treated with respect and in a courteous and considerate manner. If you have not been treated this way, you have a right to complain to the Supervisor. Nothing can be done to you because you complain.

(8) You have a right to freedom of choice as to where you obtain the goods and services for which the General Assistance Office will pay; however, if the General Assistance Office has an arrangement with a specific vendor to provide goods and services the General Assistance Office may refuse to pay other vendors for such goods and services. In addition, the General Assistance Office has no control over whether any vendor will furnish you with goods and services in exchange for payment by the General Assistance Office.

(9) You have a right to ask questions about your application and inspect, in the presence of personnel of the General Assistance Office, your case file during regular office hours. You also have a right to request copies of what is contained in your case file. However, certain information may have been provided to the General Assistance Office on the condition that the information or its source would not be revealed to you or is privileged from such disclosure. In such cases, the General Assistance Office has a right to remove such information from your case file before you see it; however, if that happens you will be told that information has been removed.

(10) You have a right to be referred to other agencies for benefits and for other programs which may assist you.

(11) A decision must be made on your application for Emergency Assistance within 30 days. You have a right to written notice of this decision. If your income or assets result in a denial of your application, you have a right to a written notice indicating how your income or assets make you ineligible for Emergency Assistance.

(12) You have a right to appeal any action, inaction, or decision of the General Assistance Office to the Public Aid Committee and to be assisted in filing an appeal

(13) You have a right to voluntarily repay any Emergency Assistance provided to you.

RESPONSIBILITIES

You have the following RESPONSIBILITIES:

(1) You must fill out a written application for Emergency Assistance which must contain, at the very least, your name, mailing address, and signature. An application containing your name, mailing address and signature requires the General Assistance Office to make a decision on your application; however, an application with only this information would not provide sufficient information to approve your application.

(2) You must keep all scheduled appointments at the General Assistance Office.

(3) You must provide information needed for a determination of your eligibility for Emergency Assistance.

(4) You must assist the General Assistance Office in securing and verifying information needed for a determination of your eligibility for Emergency Assistance.

(5) You must consent to the release by other agencies and persons of information to the General Assistance Office necessary for a determination of your eligibility for Emergency Assistance. You must sign any consent required by the General Assistance Office to obtain necessary information,

(6) You must report to the General Assistance Office within 5 calendar days of occurrence any change in your circumstances, such as a change in income or the acquisition of properly, which might affect your eligibility for Emergency Assistance,

(7) You must utilize all resources (e.g., relatives, food pantries, community, and charitable organizations) which might help alleviate your present needs.

(8) You must apply for any benefit (e.g., unemployment compensation, worker's compensation, Supplemental Nutrition Assistance Program (SNAP) which might help alleviate your present needs.

(9) You must accept and follow-up in good faith any referral by the General Assistance Office to any other agency.

IF YOU FAIL OR REFUSE TO SATISFY ANY OF THESE RESPONSIBILITIES, YOUR APPLICATION FOR EMERGENCY ASSISTANCE MAY BE DENIED.

I acknowledge receipt of a copy of the foregoing Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients consisting of two (2) pages this _____ day of _____, 2_____.

_____

Signature of Applicant

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY
FINANCIAL ASSISTANCE APPLICATION

Date_____ Township_____

Veteran must provide service discharge paper (DD-214 [Member 4]). Upon request, you must be able to furnish verification of home ownership or verification from a landlord that you are residing at the address given on this application. Also, marriage license and birth certificates of dependent children, and Photo ID must be presented for initial application. **All** items in this application must be completely and legibly filled out and answered by the veteran (if unable to, by a member of the immediate family), as truth and information which can be verified by this office.

SECTION I – Veteran Information

Name: _____
Address: _____
City/State/Zip: _____
Place of Birth: _____
S.S. Number: _____
Telephone Number: _____
Email Address: _____

Spouse Information

Name & Maiden Name: _____
Address: _____
City/State/Zip: _____
Place of Birth: _____
S.S. Number: _____
Telephone Number: _____
Email Address: _____

How many people live in your house or apartment? _____

SECTION II – Marital Status

Single: _____ Never Married: _____
Married: _____ Date and Place: _____
Divorced: _____ Date and Place: _____
Separated: _____ Date and Place: _____
Widowed: _____ Date and Place: _____
Are you paying child support: _____ If yes, weekly amount: $_____
Are you receiving child support/maintenance: _____ If yes, weekly amount: $_____

SECTION III – Dependent Children - If you have additional children, use Page 4*

Name	Birthdate	Place of birth	Social Security #

Do they live with you? Yes _____ No _____

SECTION IV – Other Income/Benefits (VA Benefits, Township assistance, Retirement)

Have you recently applied for or are you receiving any of the following, and if so, what amount?

(Please circle your answer)

Township Asst: Yes or No Amount $_____ When did it start: _____

Retirement: Yes or No Amount $_____ When did it start: _____

VA Benefits: Compensation or Pension If receiving either, how much: $_____

Have you applied for assistance at any other agency with these or any other bills in the last 180 days? Yes or No

If yes, what agency? _____ Agency phone number _____

SECTION V – Bank Information

Bank Name: _____

Checking: Yes or No Balance: $_____ Savings: Yes or No Balance: $_____

Do you have a car? Yes or No If yes, Make, Model, and Year: _____

Do you have the title? Yes or No What are your monthly payments: $_____

SECTION VI – Employment—Income

Currently Working? Yes____ No_____ If yes: **Attach proof for the last months earnings**

Name of Current Employer _____ Date of Hire ____/____/____

Employers address _____ City _____ State _____

Number of hours worked weekly _____ How often paid _____

Net weekly pay (before taxes) $ _____ **Attach proof of last month's earnings**

Receiving unemployment benefits? Yes or No Amount $_____ If yes: **Attach proof for last month's earnings**

Are you receiving SSI or SSDI? Yes or No Amount $_____ If yes: **Attach proof for the last month's earnings**

Are you receiving Public Aid Food Stamps? Yes or No Amount $_____

Spouse's Employment—Income

Currently Working? Yes or No If yes: **Attach proof for the last months earnings**

Name of Current Employer _____ Date of Hire ____/____/___

Employers address _____ City _____ State _____

Number of hours worked weekly _____ How often paid _____

Net weekly pay (before taxes) $ _____ **Attach proof of last month's earnings**

Receiving unemployment benefits? Yes or No Amount $_____ If yes: **Attach proof for last month's earnings**

Are you receiving SSI or SSDI? Y or N Amount $_____ If yes: **Attach proof for the last month's earnings**

Are you receiving Public Aid Food Stamps? Yes or No Amount $_____

SECTION VII – Residency Verification

Do you: Rent or Own Amount of Rent or Mortgage: $_____

When was the last time you paid? _____ Amount of payment: $_____

How far behind are you? _____ Did you get a 5-day notice: Yes or No

Did you get an eviction notice: Yes or No

Landlords Information: Name: _____

Address: _____

Phone Number: _____

How long have you lived at this address? Years: _____ Months: _____

Are you receiving Housing Assistance? Yes or No If yes, how much per month $_____

Housing Authority name, and contact name & number of caseworker: _____

_____

SECTION VIII – Monthly Household Expenses

Rent/Mortgage	$_____	Electric/Com Ed	$_____
Phone - house	$_____	Phone-cell	$_____
Water bill	$_____	North Shore Gas	$_____
Child Support	$_____	(If Child Support order is provided)	

SECTION IX—Assistance

What kind of assistance are you requesting from this office? **Please be specific**: (Please print so it is legible)

_____

_____

_____

_____

_____

_____

_____

_____

Have you experienced an unexpected loss of income? Have you had an unexpected expense? **Please explain in detail what caused your Emergency Financial need. You MUST provide copies of bills, invoices, or receipts to back up the hardship that occurred**: (Please print so its legible)

SECTION X – Additional Dependent Children

Name _____ Birthdate _____ Place of birth _____ Social Security # _____

Do they live with you? Yes _____ No _____

Andrew Tangen, Superintendent
Sherry Kruse, Assistant Superintendent
Veterans Assistance Commission of Lake County
501 N. Riverside Dr, Ste 106
Gurnee, IL 60031
www.facebook.com/lakecountyvac

EXPLANATION OF THE FOLLOWING VA FORM 21-22

Completing the following form will allow the VAC to verify your VA Compensation or Pension benefits.

Failure to comply/fill out the 21-22 will result in an automatic denial of financial assistance.

Section I: Veteran's Information

- Block 1: Veteran's full legal name
- Block 2: Veteran's SS number
- Block 3: Leave blank
- Block 4: Veteran's date of birth
- Block 5: Veteran's service number (if applicable)
- Block 6: Leave blank
- Block 7: Veteran's telephone number
- Block 8: Veteran's email address

Section II: Claimant's Information-Leave blank
Section III: Service Organization Information-Leave blank
*Fill in Veteran's SS number at the top of the page
Section IV: Authorization information: Check block 18 and 20
Section V: Signatures: Sign block 21A and fill in date in block 21B

OMB Control No. 2900-0321
Respondent Burden: 5 minutes
Expiration Date: 02/28/2022

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, *Appointment of Individual as Claimant's Representative*. When completed you can mail *or* fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

2. VETERAN'S SOCIAL SECURITY NUMBER *(SSN)* – –

3. VA FILE NUMBER *(If applicable)* N / A

4. VETERAN'S DATE OF BIRTH Month – Day – Year

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. INSURANCE NUMBER(S) *(If applicable) (Include letter prefix)* N/A

7. VETERAN'S MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

8. VETERAN'S TELEPHONE NUMBER *(Include Area Code)*

9. VETERAN'S EMAIL ADDRESS *(Optional)*

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

10. CLAIMANT'S NAME *(First, Middle Initial, Last)*

11. CLAIMANT'S MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

12. CLAIMANT'S TELEPHONE NUMBER *(Include Area Code)*

13. CLAIMANT'S EMAIL ADDRESS *(Optional)*

14. RELATIONSHIP TO VETERAN

SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on Page 3 before selecting organization)*

064-National Association of County Veteran Service Officers

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 *(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)*

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

Veteran Service Officer

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

veterans@lakecountyil.gov

18. DATE OF THIS APPOINTMENT *(MM/DD/YYYY)*

VETERAN'S SOCIAL SECURITY NUMBER [ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I **authorize** the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

☒ I **authorize** any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 *or* 10, hereby **appoint** the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*	22B. DATE SIGNED *(MM/DD/YYYY)*
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A *(Do Not Print)*	23B. DATE SIGNED *(MM/DD/YYYY)*

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO: ☐ VR&E FILE ☐ EDU FILE ☐ LG FILE ☐ INSURANCE FILE	DATE SENT	ACKNOWLEDGED *(Date)*	REVOKED *(Reason and date)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

Form **4506**

(March 2019)

Department of the Treasury
Internal Revenue Service

Request for Copy of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.
▶ Request may be rejected if the form is incomplete or illegible.
▶ For more information about Form 4506, visit *www.irs.gov/form4506.*

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return,** or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Veterans Assistance Commission of Lake County, Attn: John Murray: 501 N Riverside Dr, Suite 106, Gurnee, IL 60031 (847) 377-3344

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ 2019

Note: If the copies must be certified for court or administrative proceedings, check here . . . . . ☐

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12/31/19

8 **Fee.** There is a $50 fee for each return requested. **Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.**

a	Cost for each return	$ 50.00
b	Number of returns requested on line 7	1
c	Total cost. Multiply line 8a by line 8b	$ 50.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here . . . . . ☐

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ Signature (see instructions) Date

▶ Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ Spouse's signature Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to *www.irs.gov/form4506*. Information about any recent developments affecting Form 4506, Form 4506-T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of nonfiling, and records of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:	Mail to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 16 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.

Social Security Administration

Consent for Release of Information

Form Approved
OMB No. 0960-0566

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

NOTE: Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1.To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
2.To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3.To comply with Federal laws requiring the disclosure of the information from our records; and,
4.To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at** www.socialsecurity.gov. **Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TYY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send only comments relating to our time estimate to this address, not the completed form.***

Social Security Administration

Consent for Release of Information

Form Approved
OMB No. 0960-0566

You must complete all required fields. We will not honor your request unless all required fields are completed. *(*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form).*

TO: Social Security Administration

*My Full Name	*My Date of Birth (MM/DD/YYYY)	*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

***NAME OF PERSON OR ORGANIZATION:**
Veterans Assistance Commission

***ADDRESS OF PERSON OR ORGANIZATION:**
501 N Riverside Dr, Suite 106
Gurnee, IL 60031

***I want this information released because:** To determine eligibility for county benefits.
We may charge a fee to release information for non-program purposes.

***Please release the following information selected from the list below:**
Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. ☐ Verification of Social Security Number
2. ☐ Current monthly Social Security benefit amount
3. ☐ Current monthly Supplemental Security Income payment amount
4. ☐ My benefit or payment amounts from date _____ to date _____
5. ☐ My Medicare entitlement from date _____ to date _____
6. ☐ Medical records from my claims folder(s) from date _____ to date _____
   If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. ☐ Complete medical records from my claims folder(s)
8. ☐ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)
   The current address for the beneficiary

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to $5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

***Signature:** _____ ***Date:** _____

****Address:** _____ ****Daytime Phone:** _____

Relationship (if not the subject of the record): _____ ****Daytime Phone:** _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1.Signature of witness	2.Signature of witness
Address(Number and street,City,State, and Zip Code) N/A	Address(Number and street,City,State, and Zip Code) N/A

Social Security Administration

Form Approved
OMB No. 0960-0466

Request for *Social Security Statement*

Within four to six weeks after you return this form, we will send you:

- a record of your earnings history;
- an estimate of how much you have paid in Social Security taxes; and
- estimates of benefits you (and your family) may be eligible for now and in the future.

Please note: If you have been receiving a *Social Security Statement* each year about three months before your birthday, this request will stop your next scheduled mailing. You will not receive a scheduled Statement until the following year.

We hope you will find the *Statement* useful in planning your financial future. Remember, Social Security is more than a program for retired people. It helps people of all ages in many ways. For example, it can help support your family when you die and pay you benefits if you become severely disabled.

If you have any questions about Social Security or this form, please call our toll-free number, **1-800-772-1213 (TTY 1-800-325-0778)**.

☐ Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. When you have completed the form, mail it to:

Social Security Administration
Wilkes Barre Data Operations Center
P.O. Box 7004
Wilkes Barre, PA 18767-7004

1. Name shown on your Social Security card:

First Name: Middle Initial:

Last Name only:

2. Your Social Security number as shown on your card: - -

3. Your date of birth (Month-Day-Year): / /

4. Other Social Security numbers you have used: - -

- -

5. Your Sex: ☐ Male ☐ Female

For items 6 and 8, show only earnings covered by Social Security. Do NOT include wages from state, local, or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: $ [ ][ ][ ][ ][ ][ ][ ]. 0 0 *(Dollars Only)*

B. This year's estimated earnings: $ [ ][ ][ ][ ][ ][ ][ ]. 0 0 *(Dollars Only)*

7. Show the age at which you plan to stop working:

[ ][ ] *(Show only one age)*

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: $ [ ][ ][ ][ ][ ][ ][ ]. 0 0 *(Dollars Only)*

9. Do you want us to send the *Statement*:

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

C/O Veterans Assistance Commission

"C/O" or Street Address (Include Apt. No., P.O. Box, Rural Route)

501 N Riverside Dr

Street Address

Suite 106

Street Address (If Foreign Address, enter City, Province, Postal code)

Gurnee, IL 60031

U.S. City, State, ZIP code (If Foreign Address, enter Name of Country only)

NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.

▶ _____

Please sign your name (Do Not Print)

_____ _____

(Area Code) Daytime Telephone Number **Date**

Privacy Act Statement

Sections 205(a), 205(c)(2), and 1143(a)(2) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to accurately identify your Social Security earnings records, extract the recorded earnings history and to produce the requested statement.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent the issuance of a Social Security account statement.

We rarely use the information you supply us for any purpose other than to identify your Social Security earnings records and issue a Social Security account statement. We may disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or agency to assist us in establishing rights to Social Security benefits and/ or coverage;

2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; and

4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We also may use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of benefits or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our Systems of Records Notice entitled, Earnings Recording and Self-Employment Income System, Social Security Administration, Office of Systems, 60-0059. This notice, additional information regarding this form, and information regarding our programs and systems, are available online at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: *SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.* **Send only comments relating to our time estimate to this address, not the completed form.**

ComEd
an Exelon Company

ComEd Helps Activated/Veteran Military Personnel
C.H.A.M.P. Application

Name _____

Address _____

City _____

Telephone Number _____

Account number _____

How did you hear about the program? _____

Please check the box that you are interested in:

Extension on due dates:

30 Days ☐ 45 Days☐ 60 Days ☐

Payment Plans:

☐ Budget Billing ☐ Deferred Payment Agreement (if grant doesn't cover amount owed on the bill)

Other Options:

☐ Cancel Late Fees ☐Review Deposit/Refund ☐Cancel Payment Plan

*This programs may require us to contact you directly to determine deposit requirements and assistance level. You must have a past due balance in order to receive a grant. Grants are offered once every 2 years, and range from $25.00-$1000.00 (depending on the past due amount owed on your ComEd bill).

Directions:

1. **Complete form, sign**, and **make a copy for your records**.
2. Attach a legible copy of your discharge letter (DD214). The DD214 must state that you were honorably discharged, otherwise your application will be denied.
3. If Active Military, please provide proof of activation or deployment.
4. Completed applications and supporting documents can be mailed, faxed, or e-mailed.

Mail info to: ComEd Helps Activated/Veteran Military Personnel (CHAMP)
Attention: ComEd/Revenue Management
PO Box 2550
Chicago, IL 60690
Fax info to: 630-684-2710
E-mail info to: comedcare2@exeloncorp.com

Signature _____

By signing this document, you agree to allow ComEd to perform the actions as indicated above with regards to you ComEd account. Energy assistance will be provided as long as you meet the eligibility requirements, and funds are still available. **Program expires annually on December 31 or when funds are exhausted.**