

Total assets include savings accounts, checking accounts, certificates of deposit, and other accounts. Please do not include your primary residence, if owned.

Do you currently receive or qualify for assistance from New Trier Township?

- Yes
- No

Additional Information

Briefly indicate any other factors you wish the Housing Our Own Board of Directors to consider when reviewing your application – please use an additional sheet if needed.

Please submit the following supporting documentation:

- Referral letter from a licensed social worker
- A copy of your lease (if requesting rent assistance)
- A copy of your 1st and 2nd property tax installments (if requesting property tax assistance)
- Copies of your most recent federal and state tax returns and verification forms
- Physician’s letter (if under 62)

I/We, the undersigned, state that the information on this application is correct to the best of my/own knowledge. I/We understand that funds allocated for the Housing Our Own- Wilmette Program are for a period of twelve (12) months only. Completion of this application does not guarantee that I/we will be eligible for assistance. I/We also state that there is no objection to a personal, confidential in-home interview with a member of Housing Our Own- Wilmette as required by the program. By signing this application I/We agree that Housing Our Own- Wilmette, Village of Wilmette, and New Trier Township may share my personal private information with each other in order to determine my eligibility for assistance.

Applicant’s Signature: _____

Signature of Spouse/Other Applicant: _____

Date: _____