



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.

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**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:** \_\_\_\_\_