



The information in this packet will be used for your CSBG Scholarship application.

Packet must be completed and ALL documents must be returned in order to complete your application.

Once all of your information and documents are received, your application will be processed by NICA and you will be notified of the status.



Northwestern Illinois Community Action Agency

Scholarship Assistance 2023

The Illinois Department of Commerce and Economic Opportunity, through the Community Services Block Grant has funds available through Northwestern Illinois Community Action Agency for scholarship assistance at an accredited Illinois institution to income eligible students. Scholarship funds are to assist students pursuing certificate or degree programs that will prepare the student for employment or enhance job skills such as but not limited to the following:

- Food Sanitation Class
- CNA Class
- Phlebotomy
- Other certificate programs
- Job specific degree programs

To be eligible for scholarship assistance, the following criteria must be met:

- The applicant must provide proof of gross income for the past **30 days** (letter from Public Aid, copies of check stubs, Social Security Disability, etc.) for all household members.
- The applicant's total **family** income during the previous **30 days** must be equal to or less than:

1 person-	\$ 2,430.00	5 persons-	\$ 5,857.00
2 persons-	\$ 3,287.00	6 persons-	\$ 6,713.00
3 persons-	\$ 4,143.00	7 persons-	\$ 7,570.00
4 persons-	\$ 5,000.00	8 persons-	\$ 8,427.00
- The applicant must be planning to attend an accredited post-secondary Illinois educational institution.
- The applicant must be a resident of Stephenson or Jo Daviess County

The following documents will be required along with your application:

- Class information including cost from HCC for Current Semester
- 30 day income documentaion for all household members
- Social security cards for all household members
- Picture ID
- Proof of High School Diploma or GED
- Utility bills (gas, electric, water)
- Lease

For more information, please call our office at 815-232-3141 or 800-883-1111.
The CSBG scholarship application is available on our website at www.nicaa.org

REFERENCES

Please provide the names, relationship, addresses, and telephone numbers of two references (*FAMILY MEMBERS CANNOT ACT AS REFERENCES*). Letters of reference from the persons listed below are also required.

1. Name: _____ Relationship: _____
Address: _____
Telephone Number: _____
2. Name: _____ Relationship: _____
Address: _____
Telephone Number: _____

AFFIDAVIT

I understand that I may be required to provide additional information and that information I have submitted will be verified by Northwestern Illinois Community Action Agency. I also understand I will be required to provide a copy to NICAA of my certificate upon completion of the course.

Applicant's Signature

Date

NICAA CSBG Signature

Date

Universal Signature Page

IMPORTANT NOTICE: This state of Illinois grantee agency, Northwestern Illinois Community Action Agency, is requesting disclosure of information that is necessary to accomplish a complete application for:

<input checked="" type="checkbox"/>	Community Service Block Grant (CSBG)
<input type="checkbox"/>	Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program

APPLICANT STATEMENT: I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

Applicant Name: _____

Applicant Signature: _____ Date: _____

ALL MEMBERS OF HOUSEHOLD

Soc. Sec. Number _____

Name-First _____

Last _____

Date of Birth _____ Age _____

Gender: Male _____ Female _____

Disabled: Yes _____ No _____

Ethnic Group:

Education:

White

9 -12 (Non-Grad)

African American

H.S. Grad

Native American

Some College

Asian

2 - 4 yr. Grad

Hispanic

G.E.D.

Other

Other Post-Secondary School

Soc. Sec. Number _____

Name-First _____

Last _____

Date of Birth _____ Age _____

Gender: Male _____ Female _____

Disabled: Yes _____ No _____

Ethnic Group:

Education:

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Other Post-Secondary School

Are you a Veteran: Yes / No

Gross Income for the past 30 days

Soc. Sec. \$ _____

SSI \$ _____

Wages \$ _____

Unemployment \$ _____

TANF/AABD \$ _____

Child Support \$ _____

Pension \$ _____

VA Benefit \$ _____

GA \$ _____

SNAP \$ _____

Are you a Veteran: Yes / No

Gross Income for the past 30 days

Soc. Sec. \$ _____

SSI \$ _____

Wages \$ _____

Unemployment \$ _____

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Child Support \$ _____

Pension \$ _____

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Pension \$ _____

VA Benefit \$ _____

GA \$ _____

SNAP \$ _____

MONTHLY EXPENSES

(Dollar Value Only)

Rent/Mortgage \$ _____

Gas/LP/Heat \$ _____

Electric \$ _____

Water \$ _____

Housing Cost

Total: \$ _____

Car Payment \$ _____

Gasoline \$ _____

Groceries (after SNAP) \$ _____

Child Care \$ _____

Home Phone Bill \$ _____

Cell Phone Bill \$ _____

Cable/Internet \$ _____

Laundry \$ _____

Household Supplies \$ _____

Dining/Entertainment \$ _____

Credit Cards \$ _____

Medical Expenses \$ _____

Education \$ _____

Other \$ _____

Total Expenses \$ _____

Income \$ _____

Difference \$ _____

GROSS 30 DAY INCOME

(Dollar Value Only)

SSA/SSI/SSDI \$ _____

Wages \$ _____

Unemployment \$ _____

TANF \$ _____

Child Support \$ _____

Pension \$ _____

VA Benefit \$ _____

General Assistance \$ _____

Cash Payment \$ _____

SNAP Benefits _____

Other \$ _____

Total: \$ _____

Do you have Medical Insurance?

____ Medicaid ____ Medicare

____ Private Insurance ____ None

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Energy Assistance Program Zero Income Affidavit

Income Period:	Name of adult member(s) with Zero Income:	Last date of Employment:	Date of Last Pay:
From:			
To:			
Application #:			
Head of Household Name:			

The dates may not be in the 30-day timeframe, but "Last date of Employment" and "Date of Last Pay" must be entered for each adult with zero income.

1. Have any of the above-listed household members received cash or check(s) as payment for work performed in the last 30 days? *Example: hair styling, babysitting, lawn/snow maintenance, car repair, scrap metal, etc.
 Yes* No Continue to question 2

*If yes, the person is **not a Zero Income Adult**.

2. Have any of the above-listed household members received any cash gifts in the last 30 days? *Example: A friend or relative gives you \$50 this month as a gift to help with your living expenses.
 Yes* No Continue to question 3

*If yes, this is considered "unearned income"; therefore, the person is **not a Zero Income Adult**.

3. Have any of the above-listed household members received any loans in the last 30 days? *Example: A friend or relative loans you money this month to help with your living expenses.
 Yes* CONTINUE No Continue to question 4

*If yes, this is not considered income, but is assumed as a debt to be paid back at a later time; therefore, the recipient may be considered a **Zero Income Adult**. Please indicate below the amount of the loan, and the name of the person assisting you, then continue to question 4.

Amount of Loan	Person Assisting	Amount of Loan	Person Assisting

4. Does any person or agency pay any of your expenses, such as rent, mortgage, utilities, directly to the landlord, mortgage or utility company? Answer a, b, or c below:

- a. Yes - COMPLETE TABLE BELOW b. No - COMPLETE TABLE BELOW- how are you meeting your needs with no income?
 c. All Expenses were covered by household's recorded income. **SKIP TO INITIALS AND SIGNATURES.**

For a. or b., if any expenses were *not* covered by household's recorded income, complete the table below and indicate which expenses were paid directly and by whom. Include the 30-day expense totals, and explain below how the expenses have been met in the household (such as SNAP, Section 8, etc.). Indicate the name of the person assisting, and complete the Verification of Paying Household Bills Affidavit, in addition to the Zero Income Affidavit. If a cash gift is received, see #2 (above).

Type of Expense	Amount	How was the need met?	Name of person assisting directly
Food			
Housing			
Transportation			
Utilities			
Basic living needs*			

*Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.

Initial _____

_____ I certify the information provided above is true and a complete statement of facts.

_____ I understand: I may be required to provide proof of any information given. False information will invalidate this form and may require the return of any benefits received based on the false information.

_____ I understand all adult household members are subject to further verification of the income information provided. *This form must be completed in full or my application will be DENIED.*

Assistance was needed to fill out this form: Yes No

_____ Applicant Signature

_____ Date

_____ Intake Worker Signature

_____ Date