



## Community Grant Application

***Important note: This application is open-ended. There is no due date. Applications are reviewed quarterly—at the end of March, June, September and December. You may call 815-224-3126 ext. 217 regarding the status of your application at any time.***

Date: \_\_\_\_\_

Applying for:

- Individual       Organization       Family       Community agency  
 School       Other (please explain): \_\_\_\_\_

Full Name of applicant or agency: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County:  LaSalle  Bureau  Putnam  Marshall  Stark

Who will the funds be helping? Please share your story in 1-2 paragraphs.

Why you are applying for funds from IVCIL? Please be specific.

When do you need the funds? Please be specific.

Describe your plan for the funding:

How much funding are you requesting?

Besides IVCIL, what other agencies are you working with?

How did you hear about the IVCIL Community Grant?



### HOUSEHOLD INCOME INFORMATION

1. Please list the names and ages of all individuals living in the household:

NAME	AGE	NAME	AGE

2. Present Employer of owner/occupant:

Employer's Name:	
Employer's Address:	
Salary: \$	Weekly    Monthly    Annual    [Please circle one]

3. Spouse's Employer:

Employer's Name:	
Employer's Address:	
Salary: \$	Weekly    Monthly    Annual    [Please circle one]

4. If anyone else in the household is working, or you or your spouse have a second job, please answer the following:

Other Person or Second Job:	
Employer's Name:	
Employer's Address:	
Salary: \$	Weekly    Monthly    Annual    [Please circle one]

Other Person or Second Job:	
Employer's Name:	
Employer's Address:	
Salary: \$	Weekly    Monthly    Annual    [Please circle one]

5. Does anyone in the household receive any of the following? If YES, please fill in the amount:

OTHER INCOME	YES or NO	IF YES, AMOUNT
Social Security		
Supplemental Income [SSI]		
AFDC		
Child Support		
Disability Pension		
Pension or Retirement		
Interest Income		
Other [Specify below]:		

#### PROPERTY INFORMATION

1. Are you the sole owner of the property?      YES\_\_      NO\_\_  
If no, list the other owner[s]:

\_\_\_\_\_

\_\_\_\_\_

2. Is the property your principal residence?      YES\_\_      NO\_\_

3. What type of property is your home?
- Single family detached      \_\_\_\_\_
- Cooperative (Apartment/condo)      \_\_\_\_\_
- Mobile Home      \_\_\_\_\_

4. How many bathrooms are in your home?      \_\_\_\_\_

