



ILLINOIS ASSISTANCE REQUEST

APPLICANTS INFORMATION

Name _____

Address _____

City _____ Zip Code _____

Phone (_____) _____ Email _____

Length of time at current address* _____ Do you currently Own Rent

** If less than 2 years, please list previous address below*

ID# _____

ID can be Military ID, Badge Number

Guardsman/ Reservist Called to Active Duty—Date deployed: _____

Veteran (*please indicate branch of Military*) _____

Date of Service: _____ to _____

Fireman/woman (*please indicate location*) _____

Date of Service: _____ to _____

Policeman/woman (*please indicate location*) _____

Date of Service: _____ to _____

Total Amount Requested: \$ _____

Mortgage/Rent Home Repair Home Related Expenses

(Must submit estimates or invoice. Helping Our Heroes Charitable Foundation reserves the right to choose service providers for home related repairs)

Reason for Request (*please be specific*):

Applicant's Name (if different from Hero) _____

Relation to Hero _____

Address _____

City _____ State _____ Zip Code _____

Phone(_____) _____ Email _____

Payable to (please list complete information, i.e., mortgage company, landlord):

1. _____
Company Name and/or Contact _____
Address _____

City State Zip Code
(_____) _____ (_____) _____
Phone Fax
Amount owed: \$ _____ Payable to: _____

2. _____
Company Name and/or Contact _____
Address _____

City State Zip Code
(_____) _____ (_____) _____
Phone Fax
Amount owed: \$ _____ Payable to: _____

3. _____
Company Name and/or Contact _____
Address _____

City State Zip Code
(_____) _____ (_____) _____
Phone Fax
Amount owed: \$ _____ Payable to: _____

Are you currently employed? Yes No
If yes, length of employment _____ *Average Monthly Income* _____

Are you currently deployed or on active duty? Yes No
If yes, date of deployment _____
 please check here if you are currently deployed and not receiving the salary noted above

Is your spouse currently employed? Yes No
If yes, length of employment _____ *Average Monthly Income* _____

Annual Household Income \$ _____

Total Current Debt \$ _____

Have you ever applied for assistance?

Yes

No

If yes, please list where you have applied

Have you ever received assistance?

Yes

No

If yes, please list from where, amount received, and date of receipt:

Have you ever been foreclosed upon or evicted?

Yes

No

If yes, please explain:

Level of Urgency: 0
Low

1

2

3

4

5
Extreme

Documents* required with submission of completed application:

Copy of Military Orders

Copy of invoice(s)

Copy of other documentation or bill(s) certifying amount owed

**additional information may be requested of the applicant*

Fax this form along with other documents to: 847-253-8143

Email to: info@helpingourheroes.org

Mail to:

REALTOR® Association of NorthWest Chicagoland

C/O Charitable Foundation Request for Funds

1114 N. Arlington Heights Road

Arlington Heights, IL 60004

Please allow up to 15 days to process request

[Print Application](#)

[Email Application](#)