



**CHARITABLE FOUNDATION  
ILLINOIS ASSISTANCE REQUEST**

*(To qualify for assistance, applicant must be an Illinois resident)*

**Applicant Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ 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# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(ID can be Military ID, badge number)

**Service Information:**

\_\_\_ Guardsman/Reservist Called to Active Duty – Date deployed: \_\_\_\_\_

\_\_\_ Veteran/Active (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* \_\_\_\_\_

***Applicant's Name (if different from Hero)*** \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Reason for Request (please be specific):*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:**

|   |           |          |
|---|-----------|----------|
| 1. Are you receiving a housing benefit?   | _____ Yes | _____ No |
| If yes, how much is the benefit: _____  |           |          |
| 2. Are you currently employed?  | _____ Yes | _____ No |
| If yes, length of employment: _____ Average Monthly Income \$ _____                     |           |          |
| 3. Are you currently deployed or on active duty?  | _____ Yes | _____ No |
| If yes, date of deployment: _____   |           |          |
| Are you currently deployed and not receiving the salary noted above? _____ Yes _____ No |           |          |
| 4. Is your spouse currently employed?   | _____ Yes | _____ No |
| If yes, length of employment: _____ Average Monthly Income \$ _____                     |           |          |
| 5. What is the Annual Household Income?   |           | \$ _____ |
| 6. What is your Average Monthly Savings Account Balance?                                |           | \$ _____ |
| 7. What is your Average Monthly Checking Account Balance?                               |           | \$ _____ |
| 8. What is your current debt?   |           | \$ _____ |

**REQUEST INFORMATION**

**Total Amount Requested:**    \$ \_\_\_\_\_

Request is for:    \_\_\_\_\_ Mortgage/Rent    \_\_\_\_\_ Home Repair    \_\_\_\_\_ Home Related Expenses

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

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

1. Company Name/Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

2. Company Name/Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

3. Company Name/Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

Payable To: \_\_\_\_\_

1. Have you ever applied for assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, please list where you have applied*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever received assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, please list where you received assistance from, amount received and date of receipt*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To Submit Request:**

1. Include the below documents(where applicable)\* that required with submission of completed application:

- \_\_\_\_\_ Copy of invoices for request
- \_\_\_\_\_ Copy of other documentation or bill(s) certifying amount owed
- \_\_\_\_\_ Copy of Military orders or similar service information
- \_\_\_\_\_ Copy of DD214

*\*additional information may be requested of the applicant*

2. Sign request below

3. Submit application and all required documentation by either:

- a. Fax: 630-324-8461
- b. Email: [info@helpingourheroes.org](mailto:info@helpingourheroes.org)
- c. Mail: Mainstreet Organization of REALTORS  
C/O Charitable Foundation Request for Funds  
6655 Main Street  
Downers Grove, IL 60516

***I, \_\_\_\_\_, am submitting this information in an effort to receive financial assistance from the Helping Our Heroes Charitable foundation. By signing this, I am verifying that the information I provided is true and accurate to the best of my knowledge.***

\_\_\_\_\_  
***Applicant's Signature***

\_\_\_\_\_  
***Date***

***PLEASE ALLOW UP TO 15 DAYS TO PROCESS REQUEST***