



VILLAGE OF HEBRON

P.O. BOX 372
HEBRON, ILLINOIS 60034
PHONE (815) 648-2353
FAX (815) 648-4385

Member
Illinois Municipal League

Board Meets on the Second &
Fourth Monday of Each Month

BENEVOLENCE REQUEST APPLICATION

Date: _____ First and last name: _____

Address: _____ Email: _____

Home phone number: _____ Cell number: _____

Employment status: Employed Full-Time Part-Time Unemployed

Is your spouse/partner employed?

Employed Full-Time Part-Time Unemployed Not applicable

Are you a senior citizen? Yes No Total number of people in household: _____

Which description best describes your financial situation?

Short term emergency Short term problem Long term problem

Please briefly explain your situation and what led you to request assistance:

Resident Signature: _____ Date: _____

Upon completion of this form, please submit to the Village of Hebron at 12007 Prairie Avenue in the drop box outside the front door, or by email (wsbilling@villageofhebron.org), or by fax (815-648-4385).

For Village office use only: Approved Denied Amount \$ _____

Signature: _____ Date: _____