

**West Deerfield Township  
Community Support Grants for Accessibility  
APPLICATION**

**Name (applicant):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Name of person completing this application (if different from applicant):**

Relationship to applicant: \_\_\_\_\_

**Address (if different from applicant):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Grant will be used for:** \_\_\_\_\_

**Amount of funding requested:** \_\_\_\_\_

*\* Please attach pricing sheet or estimate*

**Briefly describe disability or medical condition:** *Please provide documentation from a health care professional regarding diagnosis or recommendation for item you are requesting* \_\_\_\_\_

**Please describe how this grant funding will be used in meeting the applicant's special needs:**

**Please tell us a little about the applicant's household**

***\*This program is intended to help those in our community with the greatest financial need, and should therefore be considered as needs-based.***

Number of individuals living in household of disabled person: \_\_\_\_\_

Total annual household income: \_\_\_\_\_

Is the applicant receiving any other financial assistance, grants, or scholarships? If yes, please describe and provide funding amount(s):

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**Please describe any special circumstances which make financial assistance for this need necessary:**

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***Please note:***

***\*Grants will be paid to third-party vendors with appropriate purchase order or estimate of cost.***

***\*Grants must be used within 90 days of approval.***

***\*Grant maximum: \$1,000 annually/per applicant.***

***\*Grants may be used in combination with other funding.***

***\*Documentation to verify any portion of this application may be requested.***

***\*Please provide proof of West Deerfield Township residency for the applicant with this application. Examples of proof of residency include but are not limited to school registration; utility bill; or voter registration card.***

**Please submit the completed application and attachments to: West Deerfield Township ,601 Deerfield Road Deerfield, IL 60015, Confidential to Julie Morrison.**

**If you have questions during the completion of this application, please contact West Deerfield Township Supervisor Julie Morrison at 847-945-0614 or [westdeerfield@sbcglobal.net](mailto:westdeerfield@sbcglobal.net).**