

August 15th, 2025

Dear Sir or Madam:

On August 15th, 2025, we will begin accepting applications for the 2026 Wheaton Senior Assistance Program (assistance running January 1st through December 31st, 2026). If you would like to apply for senior assistance for the months of January 2026 through December 2026, please complete the enclosed application in its entirety. **Please note that completion of this application does not guarantee assistance.**

CURRENT RECIPIENTS MUST COMPLETE THIS APPLICATION AND PROVIDE UPDATED SUPPORTING DOCUMENTATION TO CONTINUE COVERAGE FOR 2026.

Incorporated Wheaton residents must meet the four (4) following requirements to qualify and apply for the Wheaton Senior Assistance Program*:

- **Age:** must be at least **65 years old**
- **Residency:** must be a **current incorporated** Wheaton resident for at least the last **3 years**
 - Must reside in the residence for 10+ months of the year
 - Must be applicant's only residence
 - Cannot own any other real estate property (commercial or residential)
- **Income:** annual household income must not exceed **\$33,950**
 - Must be Verifiable Income
- **In-Person/In-Home interview:** Agree to in-person interview at the residence

***If you are receiving Section 8 or DuPage Housing Authority assistance, you are NOT eligible to apply for this program.**

Please return the enclosed application and all supporting documents listed on page 2 of the application no later than **Friday, September 19th, 2025** to:

City of Wheaton
ATTN: Michelle Mayer
303 W. Wesley Street
Wheaton, IL 60187

Please contact Michelle Mayer at 630-260-2019 or mmayer@wheaton.il.us if you have any questions.

Failure to include all supporting documents will delay the processing of your application. Incomplete applications will not be considered. The Commission on Aging will review all applications received. If you meet all the qualifications for this program and return all the necessary documents, you will be contacted by a Wheaton Commission on Aging member around mid-October to schedule a confidential in-person interview regarding your application. After all interviews are complete, you will be notified by mail in mid/late December if your application is approved for assistance.

Sincerely,

The Wheaton Commission on Aging

2026 Senior Assistance Application

January 1st through December 31st, 2026

SECTION 1 - Applicant Information

First Name _____ Last Name _____

*Address _____ Zip Code _____

Cell/Home Phone # (_____) _____ - _____ Email Address _____

* This is my **ONLY** residence AND I reside here more than 10 months of the year. YES or NO

* I do **NOT** own any other Real Estate (Commercial or Residential) YES or NO

SECTION 2 - Program Qualification Information

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Age _____

Residency # of years as an **incorporated** Wheaton Resident _____

Do you currently Own OR Rent

OFFICIAL USE ONLY

Points Rec'd _____

Points Rec'd _____

Points Rec'd _____

SECTION 3 - Applicant Income Verification

Yearly Gross Income (Before Taxes and Deductions)

Social Security Benefits (provide New Benefit Statement) \$ _____

Social Security Benefits (spouse/partner, if applicable) \$ _____

Pension funds received (provide pension statement) \$ _____

Retirement fund income received (provide fund statement) \$ _____

Salaries received (provide W2 Statement) \$ _____

Interest received (provide bank statement) \$ _____

Stock Dividends received (provide bank statement) \$ _____

Other Income received, not listed above \$ _____

*Income of other individual(s) living in the household \$ _____

TOTAL INCOME \$ _____

OFFICIAL USE ONLY

Points Rec'd _____

OFFICIAL USE ONLY

Total Points Rec'd _____

Commission on Aging Member Assigned _____ Date Returned ____/____/____

SECTION 4 - Other Household Individual(s)

***Do others live in the home with you?** (i.e., family members, relatives, friends, or tenants)? **YES** or **NO**

*List any/all individuals who have this address listed as their residence with
(i.e., IRS, SOS/DMV, school districts, Department of Labor, financial institutions, etc.)

If yes, please provide their name & relationship as well as **all supporting tax documents/statements proving their income:**

Name _____ Relationship _____ Income _____

Name _____ Relationship _____ Income _____

SECTION 5 - Emergency Contact Information

Name/Relationship _____ Phone # (_____) _____ - _____

Name/Relationship _____ Phone # (_____) _____ - _____

The above may be contacted should we not be able to reach you at your provided phone number.

SECTION 6 - Application Checklist

Applications will not be considered complete until **ALL** supporting documentation is received.

_____ **Current** Utility Bill (i.e., ComEd, Nicor)

_____ Valid **Illinois** Driver's License (Illinois State ID may be accepted if no Driver's License)

_____ 2024 Real Estate Tax Bill (*homeowners only*)

_____ **Current** Rental Agreement (*renters only*)

_____ 2025 Social Security **New Benefit Statement** (2024 1099 not accepted)

_____ **Most current** filed Tax Return -OR- _____ Not Required to file taxes in the **last 3 years**

_____ Income statements for **ALL** forms of income listed on page 1, Sec. 3 (i.e., IRA, pension, annuities, dividends)

_____ **Most current** filed Tax Return for **ALL Other Household Individual(s)** listed on page 2, Section 4

SECTION 7 - Acknowledgement & Understanding

I understand that any funds received from the City of Wheaton for the 2026 Wheaton Senior Assistance Program are for the period ending December 31, 2026 and are subject to approval by the Wheaton Commission on Aging. I acknowledge that completion of this application does not guarantee that I will be eligible and/or receive assistance. I affirm that the information and documents provided are true and correct to the best of my knowledge and that there is no objection to a confidential personal in-person in-home interview with a member of the Wheaton Commission on Aging. **I agree to notify the City of Wheaton or the Commission on Aging regarding any changes in residency or income.**

Applicant Signature

_____/_____/_____
Date