

United Way ALICE Mini- Grant — Cover Sheet & Eligibility

One- time, rapid assistance for working ALICE households facing an immediate essential- needs crisis.

Decisions are made and Payments are issued directly to verified vendors (no payments to individuals) within 1-2 business days.

Approvals are based on funding available.

Who Can Apply (ALICE- Only)

- Live in our service area (Stephenson, Jo Daviess and Carroll County Illinois)
- Be employed at least 20 hours/week, or have a written job offer starting within 30 days
- Have household gross income below the ALICE Household Survival Budget for your county + household size
- Have a current, immediate need where a one- time payment will keep you from falling behind

What This Can Fund (examples, case- by- case)

- Fuel assistance (e.g., a gas card or vendor-issued fuel voucher to get to work)
- Rent payment to prevent eviction; mortgage payment to prevent falling behind on payments
- Childcare Assistance
- Utility payment to prevent getting behind on an electric, gas, water/sewer payment
- Prescription medication or medically necessary co-pay when cost prevents fill

Note: This list is not exhaustive. All requests are considered on a case by case and depend on available funding.

“Keep- Up” Policy (not for large past- due balances)

- We pay only the amount needed to prevent falling behind. This is not intended to pay for long- term arrears (e.g., >90 days past due or very large balances)
- Program caps and timelines apply.

Documentation Needed

- Photo ID and proof of residency
- Last 30 days of pay stubs or employer letter (hours & wage); or presumptive eligibility letter current employment proof
- Current notice/statement showing amount needed to prevent shutoff/eviction etc
- Vendor remittance details.

How We Verify ALICE Eligibility

Staff compare your income to the ALICE Household Survival Budget for your county and household size using the official tools below. Figures are updated periodically; we verify the current amount at review time.

- ALICE Household Survival Budget (Illinois counties): <https://unitedforalice.org/household-budgets/illinois>
- ALICE Budget & Income Status Tool (compare income to ALICE): <https://www.unitedforalice.org/alice-income-status-tool>

What we cannot pay:

- Long-term arrears or large past-due balances beyond the minimum needed to stop today's shut-off/eviction (see Keep-Up Policy).
- Cash, reimbursements, or gift cards
- Credit cards, personal loans, payday/title loans, or other consumer debt.
- Back taxes, fines, fees, tickets, bail, legal fees, or court-ordered payments.
- Elective/non-essential medical costs (cosmetic, OTC items unless prescribed, medical debt already in collections, prior-year balances).
- Vehicle purchases, major auto repairs, insurance, registration, or traffic fines (fuel assistance only as noted).
- Non-essential goods/services: electronics, furniture, appliances, entertainment, subscriptions, travel, or holiday/celebratory expenses.
- Business expenses (inventory, tools, licenses).
- Bills already paid or duplicate assistance for the same bill from multiple sources.
- Payments to unverified vendors or to vendors that cannot provide an invoice/statement.

Non- Discrimination & Language Access

United Way does not discriminate on the basis of race, color, national origin, ancestry, religion, sex (including pregnancy, sexual orientation, gender identity), marital status, age, disability, veteran status, or any other status protected by law. Reasonable accommodations and language assistance are available upon request. Contact: [name/phone/email].

How Decisions Are Made

Applications are reviewed using objective criteria: service area, employment, ALICE income, eligible use, completeness of documents, and immediate impact. When funds are limited, priority is given to the most urgent cases (e.g., shut- off/eviction within 14 days; medication Payments are made directly to landlords/mortgage servicers, utilities, childcare centers etc.

Payments will **not** be made to individuals.

Documentation we cannot accept

- Handwritten bills without vendor contact details,
- Screenshots that do not show account number, due date, and amount to prevent falling behind.

United Way ALICE Mini- Grant Application

One- time emergency assistance for working ALICE households to prevent falling behind.
 Funds will be paid directly to the vendor upon receipt of an invoice or statement.

Service area: Stephenson, Jo Daviess or Carroll County Illinois

A. Quick Eligibility (check all that apply)

- ☐ I live in the service area listed above.
- ☐ I am currently employed at least 20 hours/week (or have a written job offer starting within 30 days).
- ☐ My household fits the ALICE profile (working but earnings are below the local ALICE Household Survival Budget). See cover sheet to verify income.
- ☐ I need a one-time payment to prevent falling behind in my monthly payments
- ☐ I understand funds are paid to the landlord/mortgage servicer or utility; no payments are made to individuals.

B. Applicant Information

Full name	Date of birth
Street address, city, state, ZIP	Phone / Email
Household size (adults/children)	

C. Employment & Income (attach last 30 days of paystubs or employer letter)

Employer name	Job title
Hours per week	Start date
Monthly gross income (\$)	Other household income (\$) (optional)

D. Assistance Request (attach current notice/statement)

Type (check one): <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer	Shut- off/Eviction date (if listed): _____
Amount requested (\$)	Total past- due (\$)
Landlord/Mortgage servicer or Utility name	Account #
Billing address	Phone / Email
Preferred payment method: <input type="checkbox"/> Check <input type="checkbox"/> ACH (attach W- 9/ACH form)	Invoice/statement attached: <input type="checkbox"/> Yes

E. Other Supports (brief)

Applied to other aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? _____
Caseworker name/phone (if any)	
Referral from Organization:	Which Organization?

F. Attachments (required)

- ☐Photo ID
- ☐Last 30 days of paystubs (or employer letter)
- ☐Current notice/statement (eviction, past- due, or shut- off)
- ☐Lease (for rent) or latest mortgage statement
- ☐Vendor invoice with remit address/ACH details

G. Consent & Certification

I certify the information provided is true and complete. I authorize United Way to verify employment, residency, and balances, and to share limited information with the listed vendor

Applicant signature	Date
Printed name	Best contact time

For Staff Use Only

Verified ALICE criteria (income & employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	Documents complete <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved amount (\$)	Payment date / Check # / ACH ref
Reason if denied	
Reviewer initials/date	