Mayor's Assistance Program (M.A.P.)

REQUIREMENT

<u>MUST</u> be a resident of the Village of New Lenox, unless authorized by the M.A.P. Committee.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **DATE SUBMITTED:** _____

MONETARY REQUEST: _____ **(MAXIMUM REQUEST IS $200 AT ANY ONE TIME)**

PLEASE EXPLAIN YOUR SITUATION: *(CONTINUE ON BACK OF FORM IF NEEDED)*

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Those chosen by the M.A.P. Committee to receive funds will be notified by the 15th of the month*

PLEASE PUT FORM IN A SEALED ENVELOPE, WRITE "M.A.P." ON THE FRONT AND PLACE INTO THE WATER BILL DROP BOX LOCATED IN THE SOUTH PARKING LOT OF VILLAGE HALL (NO POSTAGE STAMP REQUIRED). ***INFORMATION WILL ONLY BE SEEN BY M.A.P. COMMITTEE MEMBERS AND WILL BE KEPT STRICTLY CONFIDENTIAL.***

PLEASE CONTACT MEGAN APPLEGATE AT (815) 462-6427 OR MAPPLEGATE@NEWLENOX.NET WITH ANY QUESTIONS.