

CITY OF PEORIA HARDSHIP PROGRAM APPLICATION

1. My Full Legal Name is: _____
2. My Date of Birth is: _____
3. My Legal Address is: _____
 - a. Attach a copy of your driver’s license, state identification card, or official mail (e.g., utility bill, bank statement) with your name and address. Please redact your social security number from any documents you submit.
4. My total annual household income is at or below the following:

Household Size	1	2	3	4	5
80% of median local income	\$46,740.80	\$46,740.80	\$46,740.80	\$46,740.80	\$46,740.80
200% of poverty level	\$31,300.00	\$42,300.00	\$53,300.00	\$64,300.00	\$75,300.00
Household Size	6	7	8	9	10
80% of median local income	\$46,740.80	\$46,740.80	\$46,740.80	\$46,740.80	\$46,740.80
200% of poverty level	\$86,300.00	\$97,300.00	\$108,300.00	\$119,300.00	\$130,300.00

My total household income for 2025 was: _____

My household size for 2025 was: _____

Attach prior year’s state or federal tax return or paycheck stub (dated within the last 90 days).

5. I have not applied for the City of Peoria’s Hardship Program debt forgiveness before.
6. No one in my household has applied for the City of Peoria’s Hardship Program debt forgiveness before.
7. I understand that if I qualify for partial forgiveness of debt, I will have to enroll in a payment plan for the remaining debt and my failure to make all required payments will result in my disqualification from the program and the reinstatement of the entire debt owed.
8. I understand that the City of Peoria will evaluate my application to determine my debt forgiveness eligibility.
9. I understand that I may submit a written request for appeal of any denial of eligibility to the City Manager.

Applicant Signature: _____

Date: _____

INSTRUCTIONS: Please return completed application and supporting document(s) via email to debthardship@peoriagov.org or via delivery to the Legal Department, 419 Fulton Street, Room 403, Peoria, IL.