

VILLAGE OF NEW LENOX
MAYOR'S ASSISTANCE PROGRAM (M.A.P.)



NEW LENOX

Name: _____

Address: _____

Phone Number: _____

Need Dollar Amount: _____

*** (Maximum Request at any given time \$200.00) ***

Need Purpose: _____

(Please use back of paper if you need more space to write)

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

****Requirements**** - Must be a Village of New Lenox Resident, unless authorized unanimously by the M.A.P. Committee

**PLEASE DROP OFF FORM IN A SEALED ENVELOPE IN THE WATER BILL BOX
LOCATED OUTSIDE OF VILLAGE HALL (NO POSTAGE STAMP REQUIRED).
INFORMATION WILL ONLY BE SEEN BY M.A.P. COMMITTEE MEMBERS. ALL
INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

*******PLEASE WRITE M.A.P. ON THE OUTSIDE OF THE ENVELOPE *******

If you have any questions, please contact Sonia Little 815-462-6425