

# **EMERGENCY FINANCIAL ASSISTANCE FORM**

## **Applicant Information**

Name				
Address				
City		State	Zip Code	
Primary Phone				
Secondar <u>y</u> Phone	/			
Email				
What is yo	our preferred method of communic	ation? O Phone	C Email	
Is it OK to leave a voicemail? Yes No				
Date of B	rth  Month/Day/Year			
Race	White Black/African A	merican ( ) Am	erican Indian/Alaska Native	
	Asian Native Hawaiia	n/Pacific Islander		
	Other - Specify			
Are you Hispanic or Latino? Yes No				
Gender	○ Female ○ Male ○ N	Ion-binary 🔘 Pref	er not to say Other	
Are you a refugee or asylum seeker? Yes No				
How did y	ou hear about us?			
	Friends/Family Social	media	<ul><li>Referral</li></ul>	
	○ 211 ○ JFS Me	ntal Health Services	<ul><li>Workforce Services</li></ul>	
	○ JFS Food Pantry ○ Landlo	rd	○ SelectHealth	
	Other - Specify			

## **Household Information**

How many family members are currently living in your household?				
Please list each household member, their gender and age. Example, Mary Smith, F, 18				
Financial Assistance Information				
Why are you in need of financial assistance?				
Are you currently employed?	○ Yes ○ No			
Are you receiving Disability Insurance?	○ Yes ○ No			
Are you receiving retirement benefits?				
Are you receiving other sources of income?				
If yes, please specify				
Please list other sources of income within y	our household			
<u> </u>				
Monthly Household Income				
Individual Yearly Income				

## **Financial Assistance Information**

Are you requesting rental assistance?	Yes O No N/A				
Are you requesting utility bill assistance?	Yes O No N/A				
Amount being requested:					
Are you applying for any other kind of assistance? If so, what kind?					
Why are you behind on this bill?					
How will you pay this bill next month?					
Why are you in need of this assistance?					

## **Rental Assistance Section**

Please fill out this section ONLY if you are requesting rental assistance.

What is your current living situation?					
Please select from the following options t	hat reflect your situation.				
○ Rent ○ Own	<ul><li>○ Lease to own</li><li>○ Rent from family</li></ul>				
O Participate in Section 8	O Participate in Section 42				
<ul><li>Sublease without a contract</li></ul>	Other				
Have you received help from other rent relief programs, such as Community Action, YMCA, Housing Authority, etc? If yes, please list what relief you received and when you received it - year and month.					
Are you facing any of these difficulties?					
Currently behind on rent	Received an eviction notice				
<ul> <li>Currently unsheltered</li> </ul>	Accumulated late fees				
Other - Specify					
Are you behind on any other bills? If yes, please list here.					