



**APPLICATION FOR EMERGENCY ASSISTANCE (Optional) WFNJ/EA-1A (New 7/06)**  
**(All Information is Confidential)** **(Page 2 of 7)**

<b>HOUSEHOLD COMPOSITION (List all children and adults):</b>				
NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SCHOOL DISTRICT AND GRADE

<b>EMERGENCY CONTACT: NAME</b>	<b>PHONE</b>
<b>ADDRESS</b>	

<b>RELATIVES (Include children's absent parent and grandparents):</b>			
NAME	RELATIONSHIP	ADDRESS	PHONE

<b>FINANCIAL RESOURCES :</b>	
<input type="checkbox"/> TANF \$ /Month	<input type="checkbox"/> GA \$ /Month
<input type="checkbox"/> SSI \$ /Month	<input type="checkbox"/> Food Stamps \$ /Month
<input type="checkbox"/> Employment at	Rate of Pay: \$ /Week \$ /Month Last Paycheck Date
<input type="checkbox"/> NJ Temporary Disability \$ /Month	<input type="checkbox"/> Social Security Retirement/Disability \$ /Month
<input type="checkbox"/> Child Support \$ /Month	<input type="checkbox"/> Veteran's Benefits \$ /Month
<input type="checkbox"/> Unemployment \$ /Month	Last Check Date at \$
<input type="checkbox"/> Money from Friends/Relatives \$ /Month	<input type="checkbox"/> Other \$ /Month

<b>WORK FIRST NEW JERSEY STATUS:</b>	
<input type="checkbox"/> Employable	Work Activity: Case Manager:
<input type="checkbox"/> Deferred	Reason:
SSI Application Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	SSD Application Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>COMMENTS:</b>	

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<b>EMPLOYMENT HISTORY:</b>		
<b>1. Present/Last Job</b>		
Dates Employed: FROM	TO	Duties:
Hours per Week:	Hourly Wage: \$	Reason for Leaving:
<b>2. Previous Job</b>		
Dates Employed: FROM	TO	Duties:
Hours per Week:	Hourly Wage: \$	Reason for Leaving:
<b>3. Previous Job</b>		
Dates Employed: FROM	TO	Duties:
Hours per Week:	Hourly Wage: \$	Reason for Leaving:

<b>RENTAL INFORMATION/ CURRENT RENTAL STATUS:</b>		
Current Address		
Landlord		Phone number
Is there a written lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the "Tenant of Record"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long at this rental?      Years      Months	Number of bedrooms: <input type="checkbox"/> Efficiency <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	
Security Deposit (SD) Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	S D Amount \$	Paid By: <input type="checkbox"/> EA <input type="checkbox"/> Other
Section 8/Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Authority: Specify	
Are you sharing with another person or family? <input type="checkbox"/> Yes, with		<input type="checkbox"/> No
If yes, what is the cost-sharing arrangement?		
Tenant's Rent \$ /Month		
Formal Eviction Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Warrant of Removal Date:	Court Docket #      Court Hearing Date:
<b>EXPLAIN WHY THE RENT WAS NOT PAID AND HOW YOU USED YOUR MONEY:</b> (Continue on the back of this page, if necessary)		

<b>HOUSING HISTORY: [LAST 3 YEARS]</b>		
1. Last Permanent Address	From:	To:
Was it Section 8 or Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Housing Authority/Agency:	
Reason for Leaving		
2. Previous Address	From:	To:
Was it Section 8 or Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Housing Authority/Agency:	
Reason for Leaving		
3. Previous Address	From:	To:
Was it Section 8 or Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Housing Authority/Agency:	
Reason for Leaving		

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<b>MORTGAGE INFORMATION:</b> Current Address			
Name(s) on the Deed:		How long at this address?      Years      Months	
Mortgage Company:		Account #:	
Monthly Payment \$	# Months Arrears?	Total Owed? \$	
Property Taxes Included in Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Taxes: \$ /Year or \$ /Month		
Taxes in Arrears? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Months Arrears?	Total Owed? \$	
Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name:		
Insurance \$ /Month	Date of Last Payment:	Amount Still Owed \$	
<b>CURRENT MORTGAGE STATUS:</b> Formal Notice of Foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Anticipated Date of Foreclosure:	
Consultation with Housing Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No		Consultation with Legal Services/Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EXPLAIN WHY MORTGAGE WAS NOT PAID AND HOW YOU USED YOUR MONEY:</b>			

<b>UTILITY INFORMATION:</b>			
Are utility bills in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain	
Who pays for the heat? <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant		Type of Heat: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Propane	
Are you on a Budget Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the monthly bill? \$	
Have you attempted to make a repayment agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you owe a utility bill from another address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received a Shut Off Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has service been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you applied for utility assistance with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what agency?			
Heat Electric	\$ /Month	Acct #:	Amount Owed \$
Heat Gas	\$ /Month	Acct #:	Amount Owed \$
Heat Oil	\$ /Month	Acct #:	Amount Owed \$
Heat Propane	\$ /Month	Acct #:	Amount Owed \$
Electric Lights	\$ /Month	Acct #:	Amount Owed \$
Water	\$ /Month	Acct #:	Amount Owed \$
Sewer	\$ /Month	Acct #:	Amount Owed \$
Other	\$ /Month	Acct #:	Amount Owed \$
Comments:			

<b>FURNITURE:</b>			
If you do not have furniture, why not? <input type="checkbox"/> Never Had Any <input type="checkbox"/> Was Destroyed <input type="checkbox"/> Other, explain:			
Check type and quantity of furniture needed: <input type="checkbox"/> Beds # <input type="checkbox"/> Dressers # <input type="checkbox"/> Dinette Set <input type="checkbox"/> Sofa <input type="checkbox"/> Chairs # <input type="checkbox"/> Other			
<b>STORAGE COMPANY:</b>		Phone:	
Address:			
Cost: \$ /Month	Any Amount Overdue? \$	Account #:	

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**ADDITIONAL INFORMATION: (Note-These questions are asked for service-planning purposes only) Please answer the following for any household member:**

Are you a Veteran?  Yes  No

Comment:

Are you a victim of domestic violence?  Yes  No

Comment:

Is the child protection agency (DYFS) currently involved with your family?  Yes  No If so, who is your DYFS worker?

Comment:

Do you or any member of your household have outstanding warrants, charges or fines?  Yes  No

Comment:

Is any member of your household subject to the reporting requirements under Megan's Law?  Yes  No

Comment:

**VOLUNTARY DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION ASKED FOR PLACEMENT PURPOSES ONLY. YOU MAY CHOOSE NOT TO ANSWER THE FOLLOWING QUESTIONS.**

Are you or any member of your household currently pregnant?  Yes  No

Comment:

Do you have physical health problems or physical disability?  Yes  No

Do you take medications?  Yes  No Do you have enough medicine available now to keep your condition stable?  Yes  No

Do you have any special needs related to a disability?  Yes  No

Comment:

Do you need help with alcohol or drug problems?  Yes  No (You may be eligible for free treatment through the Substance Abuse Initiative (SAI)).

Do you have a history of Driving While Intoxicated (DWI) charges?  Yes  No

Do you have a history of drug (CDS) charges?  Yes  No

Have you been in alcohol/drug treatment?  Yes  No If so, did you complete the program (graduate)?  Yes  No

Comment:

Do you need help getting treatment for emotional or mental health problems?  Yes  No

Do you take medications?  Yes  No Do you have enough medicine available now to keep your condition stable?  Yes  No

Do you or any member of your household have a history of treatment for emotional or mental health problems?  Yes  No

Comment:

Do you or any member of your household have any developmental disability?  Yes  No

Have you or any member of your household been in Special Education programs?  Yes  No

Comment:

Have you or any member of your household been tested/diagnosed/treated for HIV/AIDS?  Yes  No

Do you need help getting treatment for HIV/AIDS?  Yes  No

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Comment: \_\_\_\_\_

**BEFORE SIGNING THIS APPLICATION, PLEASE READ THE STATEMENTS BELOW. IF YOU DO NOT UNDERSTAND OR HAVE ANY QUESTIONS, PLEASE ASK.**

**ALL INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITHOUT YOUR CONSENT**

1. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.
2. The Welfare Agency may contact any individual or other source to verify the information I have given.
3. I will tell the Welfare Agency about any changes in my living conditions, family size, or income.
4. I have a right to a Fair Hearing if I disagree with any action taken by the Welfare Agency.
5. The Welfare Agency will not deny me Emergency Assistance services because of my race, age, color, creed, national origin, sex, marital status, handicap, or political belief.
6. I understand that the Welfare Agency will decide the most appropriate form of emergency housing.
- 7. I understand that Emergency Assistance Regulations require that I contribute a percentage of my income towards the cost of Emergency Placement, Transitional Housing, or Temporary Rental Assistance in adherence to the Emergency Assistance Service Plan I have agreed to.**

**I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY ABILITY**

Applicant's Signature :

Date:

Agency Representative:

Date:

**CASE DISPOSITION: (FOR OFFICE USE ONLY)**

Approved effective \_\_\_\_\_

Denied \_\_\_\_\_  
(Date)

Pending

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<b>Worker's Comments/Recommendations:</b>
Type of Housing: <input type="checkbox"/> Transitional <input type="checkbox"/> Shelter <input type="checkbox"/> DV Shelter <input type="checkbox"/> RHCF <input type="checkbox"/> Other Supervised <input type="checkbox"/> Room <input type="checkbox"/> Motel <input type="checkbox"/> Other (please list)

<b>SUPPORTING DOCUMENTS ATTACHED (AS APPLICABLE)</b>
<input type="checkbox"/> Interim Service Plan – signed by Applicant
<input type="checkbox"/> Voluntary Restrictive Payment Agreement (TANF only)
<input type="checkbox"/> Eviction Notice/Warrant of Removal/Foreclosure Notice
<input type="checkbox"/> Landlord's letter of "Intent to Evict"
<input type="checkbox"/> Legal tenant's letter of "Intent to Evict" – must detail reasons
<input type="checkbox"/> Utility Warning/Shut Off Notice(s)
<input type="checkbox"/> Police Report
<input type="checkbox"/> Discharge/Release Papers or Parole Report
<input type="checkbox"/> WFNJ MED-1 Medical Information Form
<input type="checkbox"/> Medical/Substance Abuse Treatment Documentation
<input type="checkbox"/> Client Affidavit of Expenditures and Receipts
<input type="checkbox"/> Other – Specify

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