



## JFS Application for Emergency Financial Assistance Program (EFAP)

The Emergency Financial Assistance Program (EFAP) is intended to allow Jewish Family Service (JFS) to assist individuals and their families in the Lehigh Valley with limited funds to cover:

- Unexpected or emergency expenses that a person could not afford without a short- term intervention.
- Monthly bills
- This assistance is available one timeonly

Tax bills, child support, traffic tickets, overdraft on bank accounts, credit card debt, loans and bankruptcy expenses are all ineligible.

**\*Please complete all the questions on the application. Applications do not guarantee that JFS will be able to assist, as funds are limited. If approved, you will be required to submit supporting documentation including proof of income, a copy of the lease, copy of overdue bills as well as a release to allow us to verify as needed.**

If you have questions, please email [info@jfsofhbg.org](mailto:info@jfsofhbg.org)

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

DOB:

What is your preferred language? \_\_\_\_\_

Is your request a result of the COVID-19 outbreak? (answering "no" does not negatively impact your eligibility for assistance)                      Yes      No



## Household

How many adults under 60 are living in the household?

How many adults over 60 are living in the household?

How many children under the age of 18 are living in the household?

Have you lost a job because of COVID-19?      Yes      No

If yes, where were you employed?

If yes, is there a possibility of rehiring?    Yes      No      Not Sure

Are you receiving, have you applied or are you eligible for unemployment?    Yes      No

Did you receive a stimulus check?      Yes      No

If you identify with a specific faith or spirituality group which one?  
(This will not have an impact on your eligibility for assistance)

Have you sought assistance from other sources including family, friends, and other social services agencies?      Yes      No

## Source of Income (monthly)

	Prior to COVID	Current
<b>Income</b>		
<b>Employment</b>		
<b>Social Security Disability Income (SSDI)</b>		
<b>Supplemental Security Income (SSI)</b>		
<b>TANF</b>		
<b>SNAP</b>		
<b>Section 8 Housing</b>		
<b>Other monthly income</b>		
<b>Total</b>		



### Monthly Expenses

Rent/Mortgage		
Food		
Gas		
Electric		
Water		
Taxes		
Car Payment		
Car Insurance		
Gas for car		
Rental Insurance		
Cell Phone		
Internet		
Cable		
Health Insurance		
Medical Bills		
Medications		
Child Care		
Household Items		
Credit Card		
Loans		
Total		



### Bills

Bills Owed	How Many Months Behind	Total Due

Do you have an eviction notice?      Yes      No

Do you have a past due/shut off notice?      Yes      No

### Medical Coverage

Medicare              Yes      No

Medicaid            Yes      No

Private Insurance    Yes      No

Additional explanation of need/request?

**Please either mail the completed form to:**

Jewish Family Service of Greater Harrisburg  
Attention: EMG ASST  
3333 N Front Street  
Harrisburg, PA 17110

Or

Email: [info@jfsofhhbg.org](mailto:info@jfsofhhbg.org)