

INCOME: List below the gross earned and unearned income for each household member.

Name	Income Type	Source	Gross Monthly Amount

ASSISTANCE PROVIDED *: List below the assistance provided through EA.

* Limited to non-recurring, short-term benefits designed to deal with a specific episode of need.

Vendor	Account Number	Customer # AND/OR CIN #	

Your Rights: You have the right to appeal for a hearing if you were denied the right to apply, if you believe the amount of your assistance is incorrect, or if your application was denied. You have the right to withdraw your application.

Applicant Statement: I understand that It is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C § 1746) that the information I have provided is a true and complete statement of facts according to my bset knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Applicant's Signature: _____ Date: _____
