

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 time only**

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 Rebecca Axelrod-Cooper, LSW at racoop@JFSLV.org

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

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 as a result of COVID-19? Yes ☐ No ☐

If yes, where were you employed? _____

If yes, is there a possibility of rehire? 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)

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

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 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 ☐

Please either mail the completed form to:

Jewish Family Service of the Lehigh Valley
 Attention: Rebecca Axelrod-Cooper, LSW
 2004 West Allen St.
 Allentown, PA 18104

Or

Email: racoper@jfslv.org