

EPMA Assistance Program

Current Address:		Have you received assistance before <input type="checkbox"/> YES <input type="checkbox"/> NO		
City		State		Zip
Telephone				
Household Member(s)	Applicant 1 (Main)	Dependent 2	Dependent 3	Dependent 4
Last Name				
First Name(s)				
Male/Female				
Date of Birth				
Income Type				
Do you live at the above address?				
Relationship to Applicant				
Please explain below the type of assistance you require and how you got into this situation				
Are you applying for rent/security deposit assistance? <input type="checkbox"/> YES <input type="checkbox"/> No				
Current/Most Recent Employment Information				
Employer Name:		Years worked there:	Supervisor Name:	
Address:			Contact number:	
Information that will be required to process your request.				
Photo ID				
Utility Bill				
Most recent three (3) consecutive pay stubs if applicable				
Summary of Expenses (see back)				
Notices				
<ul style="list-style-type: none"> ▪ EPMA does not make any commitments to provide assistance. ▪ Assistance is given depending on meeting certain requirements and funding availability. ▪ Applicant(s) are eligible to receive assistance once a quarter. 				

 Primary Applicant Date
By signing this application you give EPMA Permission to disclose/share your information with 2nd parties and institutions.

EPMA use only (Do Not Write In This Section)					
	Verification (please fill in appropriate information)	Person who verified	Monies Received		
Type of ID used			Date	Description	Amount
Utility bill submitted					
Employment verification					
Additional Remarks					
			<i>Notes</i>		

INCOME AND EXPENSE WORKSHEET

TYPES OF INCOME	MONTHLY INCOME AMOUNT
TOTAL MONTHLY INCOME ----->	

TYPES OF MONTHLY EXPENSES	MONTHLY EXPENSE AMOUNT
RENT/Mortgage	
FOOD	
MEDICAL	
TELEPHONE	
CABLE	
UTILITY OR ENERGY	
CHILD CARE	
DEBTS	
CHILD SUPPORT	
OTHER	
OTHER	
OTHER	
TOTAL MONTHLY EXPENSE----->	