

# EMERGENCY ASSISTANCE TO PREVENT EVICTION PROGRAM APPLICATION

**SECTION A (To be completed by HREW)**

CASE NAME:	CASE NUMBER:	EW FILE NO.	DATE OF APPLICATION:
CURRENT ADDRESS:	CITY/STATE/ZIP CODE:		PHONE NUMBER:

**SECTION B (To be completed by applicant/participant)**

1. Are you currently residing in Los Angeles County?  YES  NO    4. Are you currently in GAIN?  YES  NO  
 2. Are you currently receiving CalWORKs?  YES  NO    5. Are you Time Limited?  YES  NO  
 3. Are you employed (circle one) full-time / part-time?  YES  NO    6. Are you experiencing a financial hardship that could result in homelessness?  YES  NO

7. If YES to question # 6, what is the hardship? (**Note: Only items listed below qualify as a financial hardship**)

<input type="checkbox"/> CalWORKs grant was reduced or stopped due to time limits	<input type="checkbox"/> Job loss
<input type="checkbox"/> Income level reduced	<input type="checkbox"/> Increase in rent
<input type="checkbox"/> Medical expenses not covered by Medi-Cal or other insurance	<input type="checkbox"/> Automobile repairs
<input type="checkbox"/> Unexpected emergencies (e.g., funeral for a spouse or child)	<input type="checkbox"/> Tuition for parents and/or child
<input type="checkbox"/> Victim of a crime	

8. Which of the following do you need and how much?

<input type="checkbox"/> Late Rent Payment	\$	<input type="checkbox"/> Late Utility Payment (Gas)	\$
<input type="checkbox"/> Late Utility Payment (Water)	\$	<input type="checkbox"/> Late Utility Payment (Electricity)	\$
<b>Total Amount Requested \$</b>			

9. I agree to pay \$ \_\_\_\_\_ of the total past due rent/utility costs.

I understand that to evaluate my application for the EAPE Program, I must provide all requested documents to my Housing Resource Eligibility Worker (HREW) and remain in compliance with all program requirements. I further understand that if I am approved for the EAPE Program, I must provide documentation verifying my expenses by the date specified by my HREW or I may be subject to overpayment procedures. Additionally, I understand that all documentation provided by me to my HREW will be verified by DPSS.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION C (To be completed by HREW) FOR COUNTY USE ONLY**

**FINANCIAL HARDSHIP DETERMINATION**

- Reduction/Stoppage of CalWORKs     Job Loss     Automobile Repairs  
 Substantial Increase in Rent     Change in Income Level     Tuition for parents and/or children  
 Medical Expenses not covered by Medi-Cal or Other Insurance  
 Unexpected Emergencies (e.g., funeral expenses for a spouse or a child)

Documentation:	Yes	No	Date:
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**Property Verification (Property Services Hotline)**

**Approval/Denial Determination**

Property's Address:	
Unit # (if rental is of a set of units):	
Owner's Name:	
Owner's Mailing Address:	

EAPE Approved	
EAPE Denied	
Total Amount Requested	\$
Minus Participant's Portion of Late Rent/Utility Costs	\$
<b>Total Amount Approved</b>	<b>\$</b>

**HREW Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_