

# Jewish Family Service of Greater Harrisburg, Inc. Back On Track

#### **JFS Application for Financial Assistance Program**

The JFS Financial Assistance Program is intended to allow Jewish Family Service (JFS) to assist employed individuals and their families in Central PA with limited funds to cover:

Unexpected or emergency expenses that a person could not afford without short term intervention and monthly bills are situations that JFS can help with. This assistance is only available once annually. If JFS is able to assist, you will not be able to be helped until the next calendar year, or until a year has passed since funds were released to you.

Tax bills, child support, traffic tickets, overdraft on bank accounts, credit card debt, loans and bankruptcy expenses are not eligible.

\*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.

Date

Name:

Address:

City/State/Zip:

Phone:

Email:

Date of Birth:

What is your preferred language?

Please direct finished applications and any questions to BackOnTrack@jfsofhbg.org



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#### Household

How many adults under 60 are living in the household?		<del></del>
How many adults over 60 are living in the household?		
How many children under the age of 18 are living in the	household?	
Are you employed?  If no, were you laid off?	Yes Yes	No No
Have you sought assistance from other sources including social services agencies?(Required)	g family, friends, and other Yes	No
If from a social services agency, please list which one(	(s):	
Do you identify with a specific faith or spiritual group?	Yes	No
If so, which one (This will not have an impact on your	r eligibility for assistance)?	
Source of Inco	ome (Monthly)	
Income	Current	
Employment		
Social Security Disability Income		
Supplemental Security Income		
TANF		
SNAP		
Section 8 Housing		
Other Monthly Income		
Total		



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#### **Bills**

Bills Owed	How Many Months Behind	<b>Total Due</b>	
	To	tal	
Do you have an eviction notice?		Yes	No
Do you have a past due/ shut off noti	ce?	Yes	No
Medical Coverage			
Medicare		Yes	No
Medicaid		Yes	No
Private Insurance		Yes	No
Do you have any more comments in	relation to your need/request?		