

## WORK FIRST ASSISTANCE APPLICATION

Applicant Name: [REDACTED] Date of Application: [REDACTED]  
Address: [REDACTED] Telephone: [REDACTED]  
County: [REDACTED]  
Case No.: [REDACTED] District No.: [REDACTED]

### HOUSEHOLD: List all household members for whom Assistance is being requested:

(Non-Applicant household members are not required to provide a social security number, immigrant, or citizen status)

Name	Date of Birth	Sex	Social Security No.	Citizen/Eligible Immigrant	Relationship
[REDACTED]	08/16/2010	M	[REDACTED]	Y	Son
[REDACTED]	04/14/2012	F	[REDACTED]	Y	Daughter

Does the household include a child who meets the Work First age rule? ☐ Yes ☐ No

Is the child living with an adult who meets the Work First kinship rule? ☐ Yes ☐ No

Has anyone listed on the EA application ever received EA? ☐ Yes When: \_\_\_\_\_ ☐ No

Does anyone live in the home that is not listed on the EA application? ☐ Yes ☐ No

If yes, is the individual(s) a roomer/boarder? ☐ Yes ☐ No

[REDACTED]

Total assessed monthly need: \$ 900.00

Worker Quality Assessment (circle one):

Poor

Excellent

**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 certify that the information that I have provided is a true and complete statement of facts according to my best 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 declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the foregoing is true and correct. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.



Witness's Signature

Applicant's/Representative's Signature

Date