*Iranian American Jewish Federation*

**EMERGENCY FUND COMMITTEE**

*1317 N. Crescent Heights Blvd.*

*West Hollywood, CA 90046*

*Ph: (323) 654-4700-Ext: 102 Fax: (323)654-1791*

*Email:eborokhim@gmail.com*

Date\_\_\_\_\_\_\_\_\_\_\_ File No.:\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name |  | First Name |  | Middle Name or Initial |

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ street City State Zip

Home telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_**Place & City of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Ph. number: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUESTS:**

What services are you requesting?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have these issues persisted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the first time you are requesting services from us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other organizations have you contacted, please list:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Organizations** | **Services Requested** | **Services Received** |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  |
| **­­­­­Support:** Do you have an affiliation with a religion group/support group/or family support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Citizenship status**: U.S Citizen \_\_\_\_\_\_\_ Legal alien (Green card) \_\_\_\_\_\_\_ Refugee \_\_\_\_\_\_\_ illegal alien \_\_How long have you lived in the United States: \_\_\_\_\_\_\_ |  |

**Marital status: How long?**

Never Married \_\_\_\_\_\_\_\_ Married \_\_\_\_\_\_\_ Separated \_\_\_\_\_\_\_ Widow \_\_\_\_\_\_ Divorced \_\_\_\_\_\_

If separated or married, your spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Total number of children, if any: \_\_\_\_\_

**Applicant education level:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No high school diploma | High school diploma | Some college, but no degree | AA degree | BA/BS and above |
|  |  |  |  |  |

**Applicant work history:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Job title | Name of employer or self employed | DatesFrom ----- to -----  | Reason for leaving |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**Are you or your spouse currently working? Yes \_\_\_\_\_ No \_\_\_\_\_\_**

**If yes, where do you work? \_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_Monthly salary: $ \_\_\_\_\_\_\_\_\_**

**Medical insurance available to you or any family members:**

|  |  |  |
| --- | --- | --- |
|  | Insurer | Name of insured |
| 1 | Medi-Cal |  |
| 2 | Medicare |  |
| 3 | Obamacare |  |
| 4 | Other ( specify)  |  |

**Monthly Income:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source** | **Self** | **Amount** | **Spouse or Other** | **Amount** |
| **Social Security** |  |  |  |  |
| **Disability** |  |  |  |  |
| **SSI** |  |  |  |  |
| **welfare** |  |  |  |  |
| **Alimony** |  |  |  |  |
| **Private help** |  |  |  |  |
| **Salary** |  |  |  |  |
| **Other sources** |  |  |  |  |

Do you own or rent the home address indicated above? Own \_\_\_\_\_ Rent \_\_\_\_\_ other \_\_\_\_\_

Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family members:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to you** | **Living at home? Y/N** | **Level of****education** | **Current Job** **(if any)****/Salary**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 |  |

**Please include name of, address, phone number of your landlord and your latest Lease.**

**PLEASE SEND COPIES OF THE LAST THREE MONTHS OF YOUR BANK ACCOUNT(S)**

**DISCLOSURE:**

I, the applicant, hereby acknowledge and agree that:

1. The Emergency Committee of the Iranian American Jewish Federation (ECIAJF) is a non-profit charitable organization which is supported by private donations and is not related, affiliated or connected with any government entity or agency.
2. IAJF-EF (ECIAJF) reserves the right to ask the applicant for additional information or documents as it determines necessarily at its sole and absolute discretion.
3. IAJF-EF has the right to deny the applicant’s application for any reason whatsoever at its sole and absolute discretion (,) and the applicant shall have no right, and hereby waives any right the applicant may have to object, appeal the decision or in any way or manner to make any claims against the IAJF-EF to the extent allowed by the law.
4. IAJF-EF may deny, or fully or partially grant the applicant’s request and may suspend, or terminate the assistance at any time, for any reason, at its sole and absolute discretion. If ECIAJF granted a request of the applicant in whole or in part, there is no obligation for ECIAJF to continue said assistance, and the Emergency Fund Committee may at any time and for any reason, suspend or terminate the assistance.
5. IAJF-EF makes no warranty or guarantee that any benefit granted to the applicant will in fact benefit the applicant to the applicant’s satisfaction.
6. IAJF-EF reserves the right to grant a request for assistance through payments directly to third parties or entities. No checks will be made out to the applicant’s name.
7. The applicant hereby represents, warrants, and certifies that the information provided in this application is true and correct.
8. IAJF-EF may deem necessary to make a home visit to determine the family dynamic.

 I hereby declare that the above information is true to the best of my knowledge. (I declare the following is true to the best of my knowledge.)

|  |  |  |
| --- | --- | --- |
| Print Name |  | Date |

|  |
| --- |
| Signature |

**DO NOT WRITE ON THIS PAGE**

**For the Emergency Fund committee only:**

File was reviewed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and decision was made and confirmed by the majority vote.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Plan of Action:**