

**Optional Checklist Tool
for Worker Verification of EA Application Information**
Draft revised 3/28/08

Information	Verified	Specify documentation collected or method of verification if documentation is readily available in other systems e.g. EATS, CARES, etc.
Qualifying Emergency		
Impending Homelessness	<input type="checkbox"/>	_____
Financial Crisis beyond the control of applicant (for eviction/foreclosure)	<input type="checkbox"/>	_____
Eviction/Foreclosure Notice (or determination home is uninhabitable or domestic abuse)	<input type="checkbox"/>	_____
Homelessness	<input type="checkbox"/>	_____
Energy Crisis	<input type="checkbox"/>	_____
Fire	<input type="checkbox"/>	_____
Flood	<input type="checkbox"/>	_____
Natural Disaster	<input type="checkbox"/>	_____
Property ownership/Landlord or other agent	<input type="checkbox"/>	_____
Lease agreement if moving	<input type="checkbox"/>	_____
Qualifying EA Group	<input type="checkbox"/>	_____
Responsible for children	<input type="checkbox"/>	_____
No EA payment in past 12 months	<input type="checkbox"/>	_____
Income is at or below 115% of Federal Poverty Level (FPL)	<input type="checkbox"/>	_____
Income for EA group members	<input type="checkbox"/>	_____
Expenses resulting from emergency (not covered by other resources or assistance programs):		
(Fill in) _____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

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Expenses (not covered by other resources or assistance programs):

- | | | |
|---|--------------------------|-------|
| Rent/mortgage | <input type="checkbox"/> | _____ |
| Child Care | <input type="checkbox"/> | _____ |
| Food | <input type="checkbox"/> | _____ |
| Utilities | <input type="checkbox"/> | _____ |
| Transportation | <input type="checkbox"/> | _____ |
| Medical | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | _____ |
| (Fill in) _____ | <input type="checkbox"/> | _____ |
| _____ | <input type="checkbox"/> | _____ |
| Other assistance received
(especially regarding food, child care, etc. expenses) | <input type="checkbox"/> | _____ |