CASE NAME:	CASE NUMBER:	EW FILE	NO.	DATE OF APPLICA	ATION:
CURRENT ADDRESS:	CITY/STATE/ZIP CODE:			PHONE NUMBER:	
SECTION B (To be completed by applicant/	/participant)				
1. Are you currently residing in Los Angeles Cou	-	4. Are yo			
2. Are you currently receiving CalWORKs?	□ YES □ NC	,	u Time Limited		
3. Are you employed (circle one) full-time / part-	time?   YES   NC		u experiencing essness?	a financial hardship □ Y	
7. If YES to question # 6, what is the hards	hin? (Nota: Only itoms			<del>-</del>	ES LINO
CalWORKs grant was reduced or	r stopped due to time	limits	Job loss		
Income level reduced		Increase in rent			
Medical expenses not covered by		Automobile repairs			
Unexpected emergencies (e.g., fu	chila)	Tuition for parents and/or child			
Late Utility Payment (Water)  . I agree to pay \$ of the second content of the secon	Total Amount	Requested		ent (Electricity)	\$
J , , , J.	the total past due reni/	utility costs.			
inderstand that to evaluate my application gibility Worker (HREW) and remain in compogram, I must provide documentation verifying ditionally, I understand that all documentation p	for the EAPE Program, I oliance with all program re my expenses by the date s provided by me to my HRE	I must provide equirements. I specified by my W will be verified	further under HREW or I med by DPSS.	stand that if I am a	pproved for the EA erpayment procedure
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HREW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PA 2124 (Rev. 07/16) Original: Case File

**Total Amount Approved** 

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