

Jewish Family Service Agency of Las Vegas – Project Ezra
TZEDAKAH EMERGENCY ASSISTANCE APPLICATION

APPLICANT INFORMATION

Name: _____ Marital Status: _____

Referred by: _____ D.O.B. _____

Current Address: _____ Phone #: (____) ____ - ____

City: _____ State: _____ ZIP Code: _____ SSN: ____ - ____ - ____

Please check one: OWN RENT Monthly Payment or Rent: \$ _____ How long? _____

Previous Address: _____

City: _____ State: _____ ZIP Code: _____

Please check one: OWN RENT Monthly Payment or Rent: \$ _____ How long? _____

EMPLOYMENT INFORMATION

Current Employer: _____

Employer address: _____ City: _____

State: _____ ZIP Code: _____ How long: _____ Phone #: (____) ____ - ____

Position: _____ Salary: \$ _____ Hourly Weekly Monthly

Previous Employer: _____

Employer address: _____ City: _____

State: _____ ZIP Code: _____ How long: _____ Phone #: (____) ____ - ____

Position: _____ Salary: \$ _____ Hourly Weekly Monthly

SPOUSE OR DEPENDENTS RESIDING WITH YOU

Name: _____ Age: _____ Relationship: _____

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E.J.A. PROJECT INFORMATION

The EJA (Encouraging Jewish Affiliation) project has been implemented to gather statistical information which will help the Las Vegas Jewish community in its efforts to promote participation by currently non-affiliated individuals in our city. Your answers will help us gather data on our population's needs. Please note that our local Synagogues do not charge for attending weekly Shabbat services.

Are you currently attending a Synagogue? Yes No

Which Synagogue(s) are you a member of or have attended in the past 3 years? _____

On which Holidays do you attend Synagogue? _____

Since my Bar or Bat Mitzvah at age _____ I have attended Synagogue (check one below)

Regularly Occasionally Seldom Never

I have had affiliations with the following Jewish organizations over the years:

1. _____ 2. _____

3. _____ 4. _____

I last attended Shabbat Services: _____ at: _____

REFERENCES

Reference 1

Name: _____ How long: _____

Address: _____ Phone: (___) ___ - ____

Relationship: _____

Reference 2

Name: _____ How long: _____

Address: _____ Phone: (___) ___ - ____

Relationship: _____

FINANCIAL INFORMATION

Credit cards and Auto loans:

<i>NAME</i>	<i>ACCOUNT NUMBER</i>	<i>CURRENT BALANCE</i>	<i>MONTHLY PAYMENT</i>

Mortgage:

<i>NAME</i>	<i>ACCOUNT NUMBER</i>	<i>CURRENT BALANCE</i>	<i>MONTHLY PAYMENT</i>

Other loans:

<i>NAME</i>	<i>ACCOUNT NUMBER</i>	<i>CURRENT BALANCE</i>	<i>MONTHLY PAYMENT</i>

Assets / Income:

<i>DESCRIPTION</i>	<i>SELF OR SPOUSE</i>	<i>AMOUNT PER MONTH</i>

OTHER AGENCIES I HAVE CONTACTED REGARDING ASSISTANCE

1
2
3
4

