

CITY OF NEWARK  
DIVISION OF WELFARE

C-10

DECLARATION FORM FOR EMERGENCY ASSISTANCE

I want to apply for Emergency Assistance and declare the following information is true and correct to the best of my knowledge and understanding:

NAME \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_  
 (Last) (Middle) (First)  
 HOME ADDRESS \_\_\_\_\_ Phone # \_\_\_\_\_  
 (Number) (Street) (Zip Code)  
 AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

At any time since June 30, 1967, have you received any assistance from:

Newark Division of Welfare Yes \_\_\_ No \_\_\_  
 Essex County Welfare Board Yes \_\_\_ No \_\_\_  
 Title V Work Experience Program Yes \_\_\_ No \_\_\_

PERSONS IN HOUSEHOLD

| Name | Relation-ship | Age | Name | Relation-ship | Age |
|------|---------------|-----|------|---------------|-----|
|      |               |     |      |               |     |
|      |               |     |      |               |     |
|      |               |     |      |               |     |
|      |               |     |      |               |     |

EMPLOYMENT Are you now Employed Yes\* \_\_\_ No \_\_\_  
 Is any other member of your household employed Yes\* \_\_\_ No \_\_\_

Name and Address of Your Employer \_\_\_\_\_

Take Home Pay \$ \_\_\_\_\_ When Do you Expect to Return to Work \_\_\_\_\_

When were You Last Paid \_\_\_\_\_ When is your Next Pay \_\_\_\_\_

Have you Registered for Unemployment Compensation Benefits Yes\* \_\_\_ No \_\_\_

If so, Date \_\_\_\_\_

INCOME Do You have Any Income Yes\* \_\_\_ No \_\_\_

Does any other Member of Your Family living with you Have Any Income Yes\* \_\_\_ No \_\_\_

\* If "Yes" was checked, SUPPLY DETAILS TO INTERVIEWER

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Social Worker or Agency Representative \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

7/19/67