

EFSP/ARPA-R Assistance Program Application

FEMA's EFSP/ARPA-R program is designed for those that are experiencing an unexpected hardship that has led to a lack of financial resources. The program specifically assists those that have or will have the financial means to pay their expenses in the subsequent months. EFSP is not a poverty-based program, but an unexpected hardship can lead a low-income household into a financial crisis.

Date of Application:

Type of Assistance Being Requested:

- Rental
- Motel (if you are currently homeless)
- Utility (FEMA can only pay for NV Energy, Southwest Gas or Las Vegas Valley Water District)

CONTACT INFORMATION

1. Full Name:
2. Date of birth:
3. Address (street address, city, state, zip code):
4. Best phone number to reach you:
5. Email address (will be used for communication, please provide an email address that you check regularly):
6. Do you have a Nevada ID or can you provide proof of an application for a new Nevada ID?

HOUSING

1. Please state if your household is experiencing homelessness or if you are you renting a home/apartment or if you are a homeowner.
2. If you are renting, indicate the date of move-in that is listed on your lease agreement (rental assistance can only be given to those who have occupied the unit for at least three months).

3. Do you receive a Housing Choice Voucher (Section 8) or Emergency Housing Voucher from the Southern Nevada Regional Housing Authority?

4. Do you have any past due bills for other household expenses (NV Energy, Southwest Gas, Las Vegas Valley Water District, internet/cable, cellphone provider, auto loans, etc.)? If yes, please list the bill and amount past due.

5. Are there any expenses that you have paid and can show a receipt for? Please list.

INCOME

1. List the name of every household member, their source of income (employment, unemployment, TANF, child support, SSI/SSDI, SNAP), and the monthly amount.

2. Please list how every household member receives their income (physical paycheck, direct deposit in a checking or savings account, pre-paid debit card, Direct Express card, other).

HARDSHIP

1. Please state your household's unexpected hardship that has led to a lack of money to pay for rent, mortgage or utility bill(s).

2. When did your unexpected hardship occur?

3. Have you received any financial assistance from another organization in the past 6 months?

4. What is your employment status?

5. Can you provide bank statements? If not, please explain why?

6. If past due on your rent; how many months past due?

HOUSEHOLD

All Household Members and Date of Birth(s) How Many Household Members:

Household Member 1

D.O.B. Member 1

Household Member 2

D.O.B. Member 2

Household Member 3

D.O.B. Member 3

Household Member 1

D.O.B. Member 4

Signature of applicant stating all information is true.