CHECKLIST FOR ELF

Name:	Date:
Have you exhausted all of the following	lowing possibilities?
Asked Relatives/Friends	
Comments:	
WIC (Women, Infants, and Chi	ldren) Food Assistance
DHS – State Assistance	Town Assistance
Fuel Assistance	Other Loans
_	on of the following: (Bank statements, check stub,
Bill from vendor (up to two). If must be made out to a vendor.	Note: We apologize, but checks cannot be made out to employee; it
Your current paycheck stub(s) household.	as well as paystubs from all contributing members of your
Other Income (e.g. alimony, c	hild support, second job)
Statements from all checking	and/or savings - printed within 7 days of your appointment.
Monthly Budget	
If for vehicle repair, a minimu	ım of 2 estimates
List credit card balances & oth	ner consumer debts
6/20/14	