Emergency Funds Request Form

For urgent assistance requests of $300 or less

Please complete all applicable fields. Attach documentation showing the amount due. Assistance is subject to eligibility, available funds, and approval; payment may be made directly to a landlord, utility company, provider, or vendor when possible.

APPLICANT INFORMATION

Date

Requested Amount $

Full Name

Phone

Email

Preferred Contact

Street Address

City/State/ZIP

Adults in Household

Children in Household

ASSISTANCE REQUESTED

Type of Need

☐ Rent/Housing ☐ Utilities ☐ Transportation ☐ Food/Essentials ☐ Medical ☐ Other

Due Date

Payee/Vendor Name

Account/Reference #

Payee Phone/Email

Amount Past Due $

INCOME AND SITUATION

Current Income Source

Monthly Income $

Employer/Program

Hours/Rate if Employed

Briefly describe the emergency/crisis and why funds are needed now:

What resources have you already contacted or tried?

What is your plan to avoid the same situation next month?

DOCUMENTATION CHECKLIST

Attach copies, screenshots, or photos as applicable:

☐ Bill/notice ☐ Lease/landlord statement ☐ Estimate/receipt ☐ Payee info ☐ Income/benefit proof ☐ Photo ID

I certify that the information provided is true and complete. I understand assistance is not guaranteed, the maximum request is $300, and additional documentation may be required before a decision is made.

Applicant Signature

Date

Staff/Reviewer Notes

Decision