



Application for Financial Assistance (Revised January 2019)

Name of Applicant _____ **DOB** _____

Applicant's Address _____

Amount Requested _____ **Is applicant a Veteran?** _____

Type of Expense (Check all that apply)	Rental Arrearage _____	Utilities Arrearage _____
	1st Month's Rent _____	Security Deposit _____
	Elder Care (age 65+) _____	F.I. Transportation _____
	Other _____	Elder Care Transport. _____

Family Members in Household #Adults _____ #Children _____ #Seniors _____

Payee Name (Landlord,
 Utilities Company, etc.) _____
 Payee Address _____

Brief Description of Situation _____

Caseworker Name _____

The below is to be completed and signed by the customer.

FOR THE CUSTOMER: In the event that a member of Calvert Family Advocates wishes to follow up with you, please provide an email or phone number where you may be reached. Provision of this information is optional, and will not affect the outcome of your application.

Email: _____ Phone# _____

I understand that this information will be provided to Calvert Family Advocates for consideration.

Customer Signature _____ Date _____