



Request for Grant Assistance

Agency: _____
 Contact: _____
 Phone: _____
 Fax: _____
 Email: _____

Last Name: _____ First Name: _____ DOB: _____

Family Composition:

- Father
- Mother
- Other _____
- Children: Sex and Age of Children: _____
-

Ethnicity:

- Asian
- Black
- Hispanic
- White
- Biracial
- Other

Has the family been in shelter? _____ or Without Housing? _____ How Long? _____

Does the family have savings? ____yes ____no \$ _____ Amount

Does the family have resettlement money? ____yes ____no \$ _____ Amount

If yes, what will the family be using it for? _____

Date Needed	Amount Requested*	Payable to: *Include Address
_____	\$ _____ Security Deposit	_____
_____	\$ _____ Rent/Mortgage	_____
_____	\$ _____ Moving Expenses	_____
_____	\$ _____ Education	_____
_____	\$ _____ Furniture/Appliances	_____
_____	\$ _____ Back Bills	_____
_____	\$ _____ Medical Expenses	_____
_____	\$ _____ Childcare	_____
_____	\$ _____ Transportation	_____
_____	\$ _____ Other	_____

*Please provide a more detailed description of request in a separate page.

Please check all the categories that apply:

The family receives

- TAFDC
- SSI/SSDI
- Veterans Benefits
- Childcare Subsidy
- Childcare Support
- Food Stamps
- Wages
- Other

The adults are participating in:

- Education
(describe)_____
- Job search
- Job training
- Supported employment
- Other_____

Adults are employed?

- Full-time
- Part-time
- Temporary
- Other (please describe)
Profession/Place of Employment

What caused Family to become homeless or nearly homeless?

- Domestic violence
- Building foreclosed/closed down
- Building sold
- Eviction for non-payment
- Eviction
- Fire or other disaster
- Illness or medical emergency
- Living in unaffordable apartment
- Loss of employment
- Overcrowded conditions
- Unsafe apartment
- Other

If funding is provided, would family be available for follow-up by a Family-to-Family staff person or agency liaison?

- Yes
- No

Please attach a separate description of the family including a summary of their situation and why they need Family-to-Family assistance. In this summary, please describe the circumstances that have led to the family instability and include their current efforts towards stabilization and self-sufficiency. Also, please address the following questions: How do you plan to stay in touch with the family following a FTFP grant? What other resources of funding is the family accessing?

Planned Family Budget			
Income			
	<u>Source</u>	<u>Amount/month</u>	
	Net Job Earnings	\$	
	TAFDC	\$	
	SSDI	\$	
	SSI	\$	
	Unemployment	\$	
	Child support	\$	
	Food stamps	\$	
	Other	\$	
	Total Income	\$	
Expenses			
	<u>Source</u>	<u>Amount/month</u>	<u>Total outstanding</u>
	Rent/mortgage	\$	
	Heat	\$	
	Gas	\$	
	Electricity	\$	
	Water	\$	
	Phones	\$	
	Food	\$	
	Eating Out	\$	
	Transportation	\$	Please describe
	Childcare	\$	
	Back Bills	\$	Please describe
	Basic Household	\$	Laundry, cleaning supplies, etc.
	Credit Card payments	\$	Please describe
	Cable	\$	
	Taxes	\$	
	Other	\$	
	Total expenses	\$	
Monthly Balance: Income minus Expenses = \$			