

LOUISA COMMUNITY EMERGENCY FUND (LCEF)

Request for assistance

Date _____.

Client Name _____ AGE _____.

Physical Address _____ County _____.

Mailing Address _____.

Telephone (H) _____ (C) _____ (W) _____.

Client Referred by _____.

Current crisis? _____.

Specific Request for assistance _____ Pledge amount _____.

Company or Landlord Name _____.

Company or Landlord Phone _____.

Company or Landlord Address _____.

Account# _____.

| Names of ALL adults in your home (18 & over) | | | | Number of children (under 18) | | |
|--|----------|-------|-------|-------------------------------|---------------|-------|
| Age | Disabled | Vet | Race | SSN (last 4) | Income/Source | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

HOMELESS: Lived or work Louisa County last year? _____ Looking for work-where/contact? _____.

INCOME

Employer: Client _____ Other _____.

If unemployed, last employer? _____.

How long have you been out of work _____.

Do you have a file with Dept. Social Services? Yes / No _____ Where? _____.

Name of your case worker _____ Telephone _____.

Does Social Services have a written release to discuss your request with us? Yes / No _____.

What types of assistance do you currently receive from agencies and churches and what amount?

SNAP _____ TANIF _____ WIC _____ Section 8 _____ Medicaid _____.

FAMIS _____ Churches _____ Energy Assistance _____.

Cooling Assist _____ Fuel Assist _____ Any other assistance _____.

EXPENSES - Monthly bills

Rent / Mortgage _____ Car payment / insurance _____.

[] Copy of Lease if requesting rental assistance

Telephone _____ Cell phone _____ Cable/DIRECTV _____ Medical bills _____.

Insurance _____ Other monthly expenses _____.

Client Signature _____ Date _____.

[] Photo ID must be provided [] class date (mo. Year) _____.

LCEF Approval Name _____

Revised 01/25