

LOUISA COMMUNITY EMERGENCY FUND (LCEF)

Request for assistance

Date _____.
Client Name _____ AGE _____.
Address _____.
County _____.
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 (18 & over)

in your home	Age	Disabled	Vet	SSN (last 4)	Income/Source
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of children (under 18) _____.

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**

LCEF Approval Name _____

Revised 10/19