

**REQUEST FOR ASSISTANCE**

Date: \_\_\_\_\_

**C.A.R.E.S ASSISTANCE REQUESTED (circle one)**

*Rental*

*Utility*

Name:	DOB	SS#
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Address	City, State, Zipcode
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Phone #	Educational Level	Race
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Are you or a member of your household disabled or handicapped?	Yes	No
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Are you or a member of your household an active military member or veteran?	Yes	No
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**Other Family Members Living In The Home**

NAME	RELATIONSHIP	DOB	SEX M/F	GRADE (if Minor)

**Total household income (foodstamps, child support, FI/ AFDC, etc.)**

SOURCE/TYPE	AMOUNT	HOW OFTEN	SOURCE/TYPE	AMOUNT	HOW OFTEN
SSI	\$ -		CHILD SUPPORT	\$ -	
SSA	\$ -		FOOD STAMPS	\$ -	
DISABILITY	\$ -		FI/AFDC	\$ -	
EMPLOYMENT/UNEMPLOYMENT	\$ -		OTHER	\$ -	

**Total monthly household expenses**

AMOUNT	AMOUNT	AMOUNT
RENT/MORTGAGE \$ -	PHONE \$ -	CAR PAYMENT \$ -
GAS/HEATING \$ -	CABLE \$ -	CAR INSURANCE \$ -
ELECTRIC \$ -	MEDICAL \$ -	OTHER \$ -
WATER \$ -	FOOD \$ -	OTHER \$ -

POLICY: The policy of Regenesi Community Development Corp. will be to discuss with you your home/financial situation and make a determination regarding your request. If you have supplied the required documentation, giving accurate, truthful information; and if your needs are valid within the RCDC means, then assistance will be rendered to you. Your signature below provides RCDC with authorization to obtain information and/or converse with other agencies and organizations that your have had contact with or from whom you have received assistance in the past.

