

**CCEH *be homeful* Fund  
For Family Shelter Diversion**

**Financial Assistance Request Form**

Client Name \_\_\_\_\_

HMIS ID # \_\_\_\_\_

**Family Household information:**

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Amount of money requested: \$ \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_  
*(please use a separate form for each vendor check request)*

Vendor Address (Add "Attention To" if different from above)  
\_\_\_\_\_

Send to (if other than above)  
\_\_\_\_\_

Vendor Phone Number \_\_\_\_\_ Vendor Email \_\_\_\_\_

**Assistance Request Type (and supporting documentation):**

\_\_\_ **W9** (if applicable)

\_\_\_ Rent Payment Assistance

\_\_\_ Rental Arrearage

\_\_\_ Utility Assistance/ Arrearage

\_\_\_ Moving Cost Assistance

\_\_\_ Security Deposit

\_\_\_ Rental Application Fees

\_\_\_ Car Repairs

\_\_\_ Bus Passes: # of passes \_\_\_ @ cost per pass \_\_\_ = Total cost \_\_\_\_\_

\_\_\_ Childcare expenses

\_\_\_ Past Due Medical Bills

\_\_\_ Motel Stay

\_\_\_ Other

\_\_\_ CM contact Kristen Granatek at [kgranatek@cceh.org](mailto:kgranatek@cceh.org) for approval.

**I certify that all documentation required for this client under the *be homeful* Fund MOU signed by my agency is on file and maintained by my agency.**

**I understand and agree that, if upon audit inspection, the required documentation is not available, my agency will have 30 days to secure missing documentation. If my agency is unable to secure the missing documentation in this time period, my agency will be required to repay to the Fund the financial assistance issued in this case.**

I Hereby Certify

\* \* \* \*

Agency: \_\_\_\_\_

Name and title of authorized Agency Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Agency Representative*

\_\_\_\_\_  
*Date*

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**For CCEH use only:** Date request received \_\_\_\_\_ Date approved \_\_\_\_\_ Amount of money approved \_\_\_\_\_ Check No. \_\_\_\_\_

Date Not Approved \_\_\_\_\_ Reason for denial \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Signature: \_\_\_\_\_