# FACT LEHIGH VALLEY
# CONTINGENCY FUND REQUEST FORM

**FACT Lehigh Valley PO Box 1028 Allentown, PA 18105**

Client's County of Residence _____
Municipality: _____
Care Ware Number: _____
Date Submitted: _____

Service Agency Provider: _____

Address: _____

Contact Person:_____ Phone: _____

Explanation of Request:_____

_____

SD___RMP___ HI___CR___FE___MISC.____

Amount of Request: _____

Make check payable to Agency ____ or Vendor? Vendor Name:

_____
Address:
_____

APPLICANT INFORMATION
All blanks must be filled in on this application
HOUSEHOLD composition
Applicant Only _____; Significant other _____; Other Related Adults _____;
Children, number and ages Unrelated Roommates _____;
Other Occupants:
_____

TOTAL HOUSEHOLD INCOME (MONTHLY)
Wages$_____; Self Employment $_____; Income from Rent $_____
Income from Room and Board $_____; SSD $_____; SSI $_____
Welfare $_____; Court Ordered/Voluntary Support $_____
Sick Benefits $_____; Pensions $_____; Unemployment Comp $_____

Workman's Compensation $_____; Food Stamps $_____
Insurance $_____; Dividends and Interest $_____; Other $_____
Savings Account $_____; Checking Account $_____
TOTAL HOUSEHOLD INCOME (MONTHLY) = $_____

TOTAL HOUSEHOLD EXPENSES (MONTHLY)
Rent/Mortgage $_____; Property Taxes $_____; Telephone $_____;
Electricity $_____; Gas $_____; Oil/Coal/Wood $_____;
Water/Sewer $_____; Home Care for Disabled Adult/Child $_____;
BC/BS-HMO $_____; Medicaid $_____; Medicare $_____;
Medical $_____; Transportation $_____; Income Tax $_____;
Insurance Payments $_____; Car payments/Insurance $_____;
Cable Television $_____; Food $_____; Garbage $_____;
Other Expense
$_____
TOTAL HOUSEHOLD EXPENSES (MONTHLY) = $_____
Energy Assistance Application: Explanation of denial by energy assistance Program: _____
Has AIDSNET been used for this assistance? i.e.: (housing, utilities, etc.)
Yes____ No____.

If the client was denied any kind of assistance from AIDSNET (i.e.: housing, utilities, etc.), why were they denied? Provide proof of denial.

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ALL INFORMATION WAS DOCUMENTED BY THESE SOURCES:

_____

_____

List Previous FACT Support: ( list agency/provider dates, amounts, reasons)

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Please include RECEIPTS, INVOICES, BILLS, ETC with application request form.
SUMMARY INFORMATION SUBMITTED/VERIFIED BY:
(Service Provider/Caseworker)

Household Income and Budget Summary Form Approved by the Board of FACT on, November 21, 2014

Approved By: _____

Date Check Sent: _____