

FLEXIBLE FUNDS REQUEST

Amount:

Approved: Yes/No

URGENCY:	☐ LOW	☐ MEDIUM	☐ HIGH
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General Information	
Date:	
Client Name:	
Client ID:	
Safe Phone Number:	
Current Address:	
Referring Advocate:	



Demographics: Please complete this section accurately for every request to the best of your ability.

Client	
Gender	
Age	
Race	
Immigrant/Refugee	☐ YES ☐ NO
Disability	☐ YES ☐ NO
Veteran	☐ YES ☐ NO
Do children live with client?	☐ YES ☐ NO
Homeless	☐ YES ☐ NO
How many times have you been homeless in the last 3 years?	
How long this time?	

Other Adult/Child	
Gender:	
Age:	
Race:	
Immigrant/Refugee	☐ YES ☐ NO
Disability	☐ YES ☐ NO

Child	
Gender:	
Age:	
Race:	
Immigrant/Refugee	☐ YES ☐ NO
Disability	☐ YES ☐ NO

PLEASE REMEMBER TO HAVE CLIENT SIGN A RELEASE OF INFORMATION FOR PAYMENT.

Current Living Situation and Budget information:

- Total Monthly Take Home Income –
- Total Monthly Living Expenses -
- Total Secured Debt Payments -
- Total Unsecured Debt Payments –
- Monthly Disposable Income –
- Monthly Budget Deficit -

Please include a brief summary of what the funds will be used for.

Please use additional paper as needed.

A Better Way
Updated: 4/24/2024

Has the client attempted to access any other resources? Please explain.

How will this have an immediate housing impact?

Please use additional paper as needed.

A Better Way
Updated: 4/24/2024