



# Emergency Needs Fund

A Program of GBCS

## Request for Assistance

Applicant Name

Phone  Email

Mailing Address

Town  State  Zip Code

Residence, if different than mailing address

If this request is being made by an agency on behalf of a client, please complete the following:

Agency Name  Staff Member

Staff Member Phone  Staff Email

**FUNDING REQUEST:** Please state why funds are needed and the amount that is needed. Please describe circumstances as appropriate and text or email copies/photos of supporting documents (such as bills, past due notices, or invoices) to ENF@gbicsbennington.org

Have you been in touch with other organizations? *(Please check all that apply)*

BROC    Economic Services    BCCH    Pave    Sunrise    Other    None

What support is being provided by other persons or organizations? *Please indicate the amount and status (committed or pending) of other requests, including family support.*

What will applicant be able to contribute

Name, address, and phone number of company/individual to which/whom payment is needed. *Please include account numbers as necessary.*



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## Household Information

Adults (over age 18) living in household	Relationship to Applicant	Monthly Income/Source
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Of Children under 18  Total # of persons living in household

## Other Income *(Public assistance, housing subsidies, etc.)*

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<b>Total Household Income (before taxes)</b> \$ <input type="text"/>	

## Monthly Expenses

Food	\$ <input type="text"/>	Medical/Dental	\$ <input type="text"/>
Rent/Mortgage	\$ <input type="text"/>	Phone	\$ <input type="text"/>
Heat <i>(Oil/Gas/Wood)</i>	\$ <input type="text"/>	Cable TV	\$ <input type="text"/>
Electric	\$ <input type="text"/>	Internet	\$ <input type="text"/>
Cooking Gas	\$ <input type="text"/>	Furninshings/Appliances	\$ <input type="text"/>
Water/Sewer/Trash	\$ <input type="text"/>	Clothing	\$ <input type="text"/>
Taxes <i>(Income/Property)</i>	\$ <input type="text"/>	Personal Supplies	\$ <input type="text"/>
Auto Payment	\$ <input type="text"/>	Pet (Food/Medics/Other)	\$ <input type="text"/>
Public Transportation	\$ <input type="text"/>	Cigarettes	\$ <input type="text"/>
Insurance <i>(Auto/Home/Health/Other)</i>	\$ <input type="text"/>	Interested in smoking cessation services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Credit Card/Other Debt	\$ <input type="text"/>	Alimony/Child Support	\$ <input type="text"/>
Other <input type="text"/>	\$ <input type="text"/>	Bank Fees	\$ <input type="text"/>

**Total Household Expenses** \$

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Applicant's Signature