

**Housing
Community Capacity**

Please complete this form if requesting funds for rental assistance, security deposits, utilities cost, or to purchase furniture or other household items.

Name: _____ Date: _____

Address: _____

Phone Number: _____

Referral agency contact info and description of services provided:

Purpose of request _____

Amount requested: _____ Vendor: _____
Address: _____

Account # (utility) _____

Send to Joel Rice fax # 252-431-3467