

APPLICATION FOR FUNDS/SERVICES AND CONSENT FOR RELEASE OF INFORMATION

* This form can be printed and dropped off at The Clothes Closet 1968 Mesquite Ave. Lake Havasu City, AZ
You can email to helpinghavasus@gmail.com or Fill out an online form at bit.ly/helpinghavasus

Name: _____ Today's Date: _____

Additional Family Members Applying for: _____

Phone# _____ Male ____ Female ____

Email: _____

City Live In _____ Date of Birth _____

Are you a Veteran Y ____ N ____ Do you have Children? Y ____ N ____ (If yes How many? List Ages) _____

Marital Status: Single ____ Married ____ Widowed ____ Separated ____ Divorced ____

Do You Receive any of the following:

AHCCCS Y ____ N ____ Food Stamps Y ____ N ____ Social Security Disability Y ____ N ____

Do you have a case worker? Y ____ N ____ If Yes, Name of Caseworker: _____
Caseworker's Phone # _____

Living Situation Own ____ Rent ____ Motel ____ Live w/Family ____ Couch Surfing ____
RV ____ Car ____ Tent ____ Under the Stars ____ Other _____

Amount of Funds Requested \$ _____

Please be advised that while we are unable to guarantee assistance, we remain committed to providing support to the best of our ability. We kindly ask that you clearly describe the services you are seeking and the purpose of your request. Specific details regarding your needs will help us better evaluate your application.
