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Housing Counseling Services, Inc.

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Emergency Financial Assistance (EFA)

Moving Assistance: Inventory List

Applicant Name	Date of Request
Telephone Number	Moving Date
Current Address Information:	Address moving to:
Street Address	Street Address
City	City
State/Zip Code	State/Zip Code

INVENTORY LIST: Should include detailed list of furniture in each room and # of boxes.

Identify type of unit: ____House ____Apartment/Condo

BEDROOM	LIVING ROOM/DINING ROOM	KITCHEN/BATHROOM/COMMON AREAS	MISCELLANEOUS

Total # of boxes:_____

Please include the <u>name of moving company</u>, <u>contact person</u> and <u>telephone number</u> with your application and the following documents:

- **Proof of Insurance from the Moving Company**
- **Proof Moving Company is Bonded**
- **Proof of Business License**