EMERGENCY FINANCIAL ASSISTANCE PROGRAM

Moving Assistance Inventory List

Applicant's Name:_____

Type of Unit Moving From: **Single Family Home** **Townhome/Rowhome** **Apartment/Condo**
(Circle)

Number of Bedrooms in Unit You are Moving From: _____

Estimated Number of Boxes to Be Moved:_____

Furniture/Miscellaneous Items	Furniture/Miscellaneous Items

Applicant Signature:_____ Date:_____