

EMERGENCY FINANCIAL ASSISTANCE PROGRAM

Moving Assistance Inventory List

Applicant's Name: _____ Date of Request _____

Telephone Number: _____

Current address: _____

Moving Date: _____

Address moving to: _____

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

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: _____

Bedroom	Living Room/ Dining Room	Kitchen/ Bathroom/Common Area	Miscellaneous

Applicant Signature: _____ Date: _____