

# TRANSITIONAL SUPPORT FUND REQUEST FORM

NAME:	DATE OF BIRTH:
CURRENT ADDRESS & TELEPHONE #:	CURRENT LANDLORD'S NAME & ADDRESS:

**Please indicate what TSF support you are requesting:**

- |  |   |
|--|---|
| <input type="checkbox"/> Health / welfare concern<br><small>(e.g. victim of family violence, uninhabitable premises)</small> | <input type="checkbox"/> Moving to more affordable housing        |
| <input type="checkbox"/> Received an eviction notice   | <input type="checkbox"/> Move due to employment / training        |
| <input type="checkbox"/> Have received a heat/utility shut-off notice  | <input type="checkbox"/> Heat or utilities have been disconnected |
| <input type="checkbox"/> Bed   | <input type="checkbox"/> Fridge                                   |
| <input type="checkbox"/> Stove   | <input type="checkbox"/> Washer                                   |
- Other (items or costs necessary to maintain the safety of well-being of a person in the household, where such supports cannot be provided for through other means or services)

Details: \_\_\_\_\_  
 \_\_\_\_\_

**If moving please list new address and landlord information in the table below:**

NEW ADDRESS:	LANDLORD'S NAME & ADDRESS:
NEW TELEPHONE #:	LANDLORD'S TELEPHONE #:

**Please indicate what financial needs you are requesting. (Please attach supporting documentation)**

- |   |          |
|---|----------|
| <input type="checkbox"/> Last month's rent (verification attached)        | \$ _____ |
| <input type="checkbox"/> Household furnishings, etc. (estimates attached) | \$ _____ |
| <input type="checkbox"/> Moving expenses (estimates attached)             | \$ _____ |
| <input type="checkbox"/> Heat/utility deposit (verification attached)     | \$ _____ |
| <input type="checkbox"/> Heat/utility arrears (shut-off notice attached)  | \$ _____ |
| <input type="checkbox"/> Fridge/stove/washer (please list details)        | \$ _____ |
| <input type="checkbox"/> Other (specify and provide documentation)        | \$ _____ |

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please see reverse for further information.

Due to limited funding, Nawash Social Services Department will only approve requests based on available funding.

Please attach all necessary documentation to verify reason for move/assistance request and amount of assistance required.

**OFFICE USE ONLY:**

Has client received TSF within the last 24 months?

No

Yes      Amount \$ \_\_\_\_\_      Date: \_\_\_\_\_

TSF Request:

Approved      Amount \$ \_\_\_\_\_

Denied

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_