



**Chatham Ecumenical Council for the Homeless
P.O. Box 81, West Chatham, MA 02669-0081**

REQUEST FOR FINANCIAL ASSISTANCE

Date: _____ **No:** _____

Name & Address:

Telephone:

Client/Family Profile Adults: Female _____ Male _____

List Children with age & school:

Description of Financial Need:

Total Amount Requested:

Rent _____ **Mortgage** _____ **Other** _____

Paid or mailed to:

CECH Area of Financial Help: Chatham, Orleans, Brewster, Harwich, Other

Result of CECH Committee Review: Approved: Yes _____ No _____

MAIL COMPLETED FORM TO:

CECH Evaluation Committee

213 Main Street Chatham, MA 02663