



CHATHAM ECUMENICAL COUNCIL
HELPING PREVENT HOMELESSNESS

Request for Financial Assistance

Date:

Name & Address:

Telephone:

Client/Family Profile Adults: Female _____ Male _____

Children with age & school:

Description of financial need:

Total amount requested: Rent _____ Mortgage _____ Other _____

Mail completed form to:

CECH Evaluation Committee
P.O. Box 81
West Chatham, MA 02669-0081

Referred by: _____ Phone#: _____

CECH cannot guarantee that any particular application will qualify for assistance. In most cases, applications will be referred for a qualification assessment to a local agency with a review process judged adequate to properly qualify prospective clients (e.g., Homeless Prevention Council, Lower Cape Outreach Council, Saint Vincent de Paul, Chatham Council on Aging). All information will be verified and there may be a request for additional information or proof of income. Within 14 calendar days after we receive your completed application and documentation, we will provide you a status update.