

## CENTER INDIGENT LOAN APPLICATION

NAME OF RESIDENT \_\_\_\_\_

I request a loan in the amount of \$ \_\_\_\_\_ for the following reasons:

_____ Laundry Expenses	Amount \$ _____
_____ Hygiene Items	Amount \$ _____
_____ Phone Calls	Amount \$ _____
_____ Transportation Costs	Amount \$ _____
_____ Stamps	Amount \$ _____
_____ Other verified Critical Needs	Amount \$ _____

Specify Need: \_\_\_\_\_

Total Requested: \_\_\_\_\_

I understand that. If approved, the amount borrowed will be deducted from my next paycheck. Further, I will only use the funds for the purpose designated and understand that Center Staff may request evidence of how the funds were spent.

\_\_\_\_\_  
COUNSELOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RESIDENT'S SIGNATURE

\_\_\_\_\_  
DATE

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R&B Arrears \_\_\_\_\_ Account Balance \_\_\_\_\_ Funds Clear \_\_\_\_\_ On Hold \_\_\_\_\_

I certify that this resident is indigent and qualifies for an indigent loan.

\_\_\_\_\_  
BUSINESS MANAGER/DESIGNEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED  
DISAPPROVED: \_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
DATE