



Housing Advocacy

Mobile Home Program

Mobile Home Program: Park Flooding Recovery Assistance Fund (FRAF) Additional Assistance Request

Applicant Details:

Full Name: _____

Mobile Home Address: _____

Contact Number: _____ Email: _____

Date of Application Submission: _____

Use of funds:

What do you plan on using these funds on (check all that apply):

- Groceries (food, water, etc.)
 - Bills
 - Housing costs (hotel, lot rent, etc.)
 - Medication/Health-related costs
 - Other (please explain) _____
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Additional Assistance Request Eligibility Verification:

Verification of Need:

- Confirmed: The applicant is still eligible for and needs additional assistance.

Service Provider's Declaration:

I, _____, hereby confirm that the above details are accurate to the best of my knowledge. By signing below, I verify that the applicant meets the stated eligibility criteria for the Park Flooding Recovery Assistance Fund (FRAF).

Signature: _____ Date: _____