



# BHARP Contingency Request Form

Please submit form and supporting documentation to:

\*\*\* EMAIL: [housingcontingency@bharp.org](mailto:housingcontingency@bharp.org) \*\*\*

Name of Individual Requesting Funds: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Name, Title & Agency Requesting Funds: \_\_\_\_\_

Reason for Request of Funds: \_\_\_\_\_

☐ Check box for verification of sustainability of housing.

Amount Requested: \_\_\_\_\_ Date Funds Needed: \_\_\_\_\_

Vendor/Person, Address, Phone funds will be dispersed to (Must match tax info on W9) ☐ W-9 Attached

\_\_\_\_\_  
Signature of County MH/ID,SCA, or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual Requesting Funds

\_\_\_\_\_  
Date

## BHARP Use:

Has person previously received funds? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide date, amount received, and reason for allocation of funds: \_\_\_\_\_

Determination of Fund Availability: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, reason: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Housing Coordinator

\_\_\_\_\_  
Date