



## Community Sponsorship Team Cash Advance Request Form

Client Name: \_\_\_\_\_ CST Name: \_\_\_\_\_

Request Submitted by: \_\_\_\_\_

Cash advance made payable to (please print): \_\_\_\_\_ (name)

\_\_\_\_\_ (address)

Please check whether you have: **Zelle**  **PayPal**  **Check by mail**

Please provide your phone number (Zelle) or email (PayPal): \_\_\_\_\_

Reason for Cash Advance (check all that apply):

<b>Expenses</b>	<b>Examples</b>	<b>Amount</b>
<input type="checkbox"/> Education	(Books, GED/test costs, rides, cap/gown, school supplies)	_____
<input type="checkbox"/> Employment	(DL, ID, CDL/ work certifications, rides, clothing)	_____
<input type="checkbox"/> Healthcare	(Medicine, copays, dental, Green Card medical appt., rides)	_____
<input type="checkbox"/> Housing	(Rent, bills, food, household necessities, etc.)	_____
<input type="checkbox"/> Relocation	(Boxes, plane/bus tickets, rides, shipping costs, new home set up)	_____
<input type="checkbox"/> Miscellaneous (please explain)	_____	_____

**Total Amount Requested:** \_\_\_\_\_

Submitter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form and receipt(s) by email attachment to:

Heather Carter: [heather@refugeeassistancealliance.org](mailto:heather@refugeeassistancealliance.org)