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ERF Fund's Request Form

Name: _____

Month: _____

Item No	Expense Description	Amount Requested	Expense Approved
1	House Rent		
2	Electricity		
3	Cooking Gas		
4	Water		
5	Property Taxes		
6	Property Insurance		
7	Car Insurance		
8	Health Insurance		
9	Regular Grocery- Walmart Gift Card		
10	Clothes/shoes		
11	Doctor Bills		
12	medicine		
13	Car Gas		
14	Ethnic Grocery		
15	Telephone		
16	Movers		
17			
18			
19			
20			
21			
22			
23			
24			
	Total		

Applicant Signature: _____

Date: _____

ERF Approval: _____

Date: _____