



HOUSEHOLD ALLOWANCE REQUEST
INCOME SUPPORT SERVICES

Name: _____

Recipients eligible for household allowance are entitled to up to \$500 in a 12-month period, based on need. Appliances and household items that are included in the cost of rent will not be approved.

Please check the essential item(s) that your household requires:

HOUSEHOLD EQUIPMENT AND SUPPLIES		FURNITURE	
<input type="checkbox"/> bathroom linens and accessories	<input type="checkbox"/> dishes and cutlery	<input type="checkbox"/> bed – single	<input type="checkbox"/> coffee table
<input type="checkbox"/> bedroom linens	<input type="checkbox"/> fan	<input type="checkbox"/> bed – double	<input type="checkbox"/> kitchen table and chairs
<input type="checkbox"/> cleaning utensils and supplies	<input type="checkbox"/> kitchen linens	<input type="checkbox"/> bed – queen	<input type="checkbox"/> lamps
<input type="checkbox"/> cooking equipment (e.g., pots and pans)	<input type="checkbox"/> radio	<input type="checkbox"/> book shelves	<input type="checkbox"/> side table
<input type="checkbox"/> curtains	<input type="checkbox"/> rug	<input type="checkbox"/> chair	<input type="checkbox"/> sofa
	<input type="checkbox"/> electric heater	<input type="checkbox"/> dresser	<input type="checkbox"/> wardrobe
	<input type="checkbox"/> cell phone or landline		
APPLIANCES		SPECIALTY ITEMS	
<input type="checkbox"/> blender	<input type="checkbox"/> kettle	<input type="checkbox"/> baby gate	<input type="checkbox"/> television
<input type="checkbox"/> coffee maker	<input type="checkbox"/> microwave	<input type="checkbox"/> computer	<input type="checkbox"/> other: _____
<input type="checkbox"/> dryer	<input type="checkbox"/> slow cooker	<input type="checkbox"/> crib	<input type="checkbox"/> other: _____
<input type="checkbox"/> freezer	<input type="checkbox"/> stove	<input type="checkbox"/> filing cabinet	<input type="checkbox"/> other: _____
<input type="checkbox"/> fridge	<input type="checkbox"/> toaster	<input type="checkbox"/> high chair	<input type="checkbox"/> other: _____
<input type="checkbox"/> hot plate	<input type="checkbox"/> toaster oven		

Comments

Client signature _____

YYYY / MM / DD
Date

OFFICE USE ONLY	
Total amount approved: _____	_____ Certified pursuant to section 24 of the <i>Financial Administration Act</i>
Payment to (vendor): _____	_____ Certified pursuant to section 29/30 of the <i>Financial Administration Act</i>
Method of payment: _____	