

**Benton Furniture Share
Client Eligibility Form
PLEASE FILL FORM OUR COMPLETELY**

Agency _____ Date _____

Case Worker _____ Agency Telephone _____

As a representative of the above agency, I certify this client qualifies as extreme low income

# Household/income	1/ 17,200	2/ 19,650	3/ 22,100	4/ 24,600	5/ 28,780	6/ 32,960
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Client Name _____ Client Telephone _____

Client Address _____ Apt # _____ City _____ Zip _____

Household Members: (attach additional as needed) *Race/Ethnicity: (for Grant reporting)*

	Male/ Female	Age	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Latino or Hispanic
Client:								

HAS CLIENT EVER BEEN SERVED BEFORE: YES ___ NO ___ IF SO, Year _____

Household Composition:

2-Parent Family _____
 1-Parent Family _____
 Single Adult _____
 2 or more Adult _____
 Number of Children _____
 Total in Household _____

Household Situation (Number of Each):

Disabled Adult _____ Alcohol/Drug _____
 Disabled Child _____ Elderly/Frail _____
 Homeless _____ Domestic Violence _____
 At Risk of Homelessness _____
 Chronically Mentally Ill _____
 Developmentally Disabled _____

Issues in Living Conditions

Ill Health conditions _____
 Extreme Discomfort _____
 Safety Concerns _____

Household Income (Annual Income required) _____
 Financial Verification Used: _____ (Letter, statement,
 W2, or paystub)
 Food Stamp Eligible? _____ (Y/N)

Fees: (MUST be paid before or at delivery) Pick Up: \$20.00 ___ Delivery: \$30.00 ___

Furniture Request:

Office Use Only:

Items Distributed/Date:

Still Needs:

**Please send this form to Benton Furniture Share via Fax at (541) 738-0478 or
 mail it to BFS at PO Box 2224, Corvallis, OR, 97339-2224**