

Jennifer Beach Foundation



P.O. Box 7036
Covington, WA 98042
253-833-5366
615-634-7183 (F)

DVIP Emergency Financial Assistance Funds

(TO BE COMPLETED BY DV AGENCY)

DATE: _____

DV AGENCY INFO: _____

CLIENT NAME: _____

REASON(S) FOR REQUEST:

PROOF OF MONTHLY INCOME:

RECIPIENT INFORMATION (Name, Address, Phone Number, & Email):

Send this form by fax (615-634-7183) or email (info@jnbfoundation.org) to the Jennifer Beach Foundation. For further information, contact Keith Beach at 253-833-5366.

FOR OFFICE USE ONLY

Approved _____ Rejected _____ Check # _____ Date: _____