315-539-3724

315-539-4839 (Fax)

607-687-5374

607-223-4930 (Fax)

Corporate Headquarters 460 West Church Street Elmira, NY 14901



607-734-5238 Phone 607-734-2666 Fax

## **Bucks for Families Assistance Application**

Name:				
Address (Street/City/Zip):				
County:				
Number of People in	the Home:			
Applicant Email:				
Applicant Phone:				
What is the item(s) or	r service requested for assi	istance – Ple	ease Describe:	
Total Amount Reques	sted on this Application:			
Is this item/service a	n immediate crisis situatio	n: Yes	No	
Required Documents	(Please attach to this appl	ication):		
Receipts/invoice/bill	/proof of expense (photoco	pies and dig	ital copies are	acceptable)
was submitted is to be not documentation provided v	t for goods and services is discovitified (if not the discovering entity with the application. In the event to amount provided back to the agent by the agency.	y) and will inve that the fraudu	stigate the reques lent request is con	t in question and all firmed, the individual/family
	ement above and understanutually shared with and/o			
Signature:				
Please email completed form and supporting documents to bucksforfamilies@glovehouse.org.			For Internal Use Only Date received: Committee meeting date: Funded:	
-	——Guiding youth and e	empowerin	g families	
Finger Lakes Regional Office 28-30 South Main St. Canandaigua NY 14424	Southern Tier Regional Office 1500 Vestal Parkway E, Suite 101 Vestal NY 13850	1 Murrary Hill	Livingston County Satellite Office  1 Murrary Hill Dr., Building 1  Mount Morris, NY 14510  Schuyler County Satellite Office 323 Owego Street Montour Falls, NY 14865	

585-243-7300

607-535-2710

607-535-6810 (Fax)