

PERSONAL FUNDING REQUEST FORM

Please note: Our Charitable Donation Policy states that funding is for the purpose of providing shelter or related housing assistance primarily within Bucks and Montgomery Counties, Pennsylvania. Additional information may be requested from applicant prior to consideration by the Foundation.

Name of Individual in need of assistance: _____

Address: _____

Telephone number: _____

Fax Number: _____

Email: _____

Applicant's name: _____

Phone number: _____

Total amount of donation request: _____

Date of application: _____

1. Please specify the purpose(s) for requesting funds. Be as specific as possible.

2. What will the funding be used for? How will the funding assist you/person you are applying for?

3. When is the funding required? _____

4. Are there other ways the HBA might help in lieu of or in addition to a cash contribution?

5. Have you sought out all other avenues of funding available to you. Yes _ No _
Please specify.

6. If you have been turned down by other avenues, please specify reason.

7. Please add any other comments you feel would assist the Community Relations Committee in coming to a decision.

Please submit this completed application form, and any other material that would be helpful for our review of your request to:

Bucks-Montgomery Home Builders Charitable Foundation
721 Dresher Road – Suite 1200
Horsham, PA 19044

