



**The Quicken Loans COVID-19 Flexible Fund Request Form**

**Instructions:** To apply for COVID-19 related funds to assist your client and/or agency, print and scan this completed form, along with any additional attachments to [quickenflex@azhousingcoalition.org](mailto:quickenflex@azhousingcoalition.org).

Client Information	
Client Name:	Household count: Senior Adults (65+):
D.O.B.:	Adults (18 – 64):
SSN:	Children (17 and under):
HMIS ID:	
Requesting Agency Information	
Provider Agency Requesting:	
Case Manager/Staff Requesting:	
Case Manager/Staff Email:	
Case Manager/Staff Phone:	
Fund Request Information	
Date of Request:	
Total Amount Requesting:	
Reason for Requesting:	<input type="checkbox"/> Food - Food Delivery/Groceries <input type="checkbox"/> Basic Needs - Hygiene/Basic Needs <input type="checkbox"/> Basic Needs – Medical supplies (PPE, etc) <input type="checkbox"/> Basic Needs – COVID diagnostic test or anti-body test <input type="checkbox"/> Transportation - Transportation to Emergency Services <input type="checkbox"/> Transportation - Transportation to Q&I Hotel/Motel <input type="checkbox"/> Housing - Emergency placement for Q&I Hotel/Motel <input type="checkbox"/> Housing – Holding Fees <input type="checkbox"/> Housing – HQS Inspections <input type="checkbox"/> Housing - Security/Rental Deposit <input type="checkbox"/> Housing - Eviction Prevention <b>available after July 1, 2020</b> <input type="checkbox"/> Other
Request available through other funding streams? (i.e. ESG, SSVF, CDBG, CARES/CoC) Please explain avenues explored:	<input type="checkbox"/> Yes <span style="float: right;">No</span>
Other comments:	