

**Blount County Community Action Agency**  
COMMUNITY SERVICE BLOCK GRANT REQUEST FOR ASSISTANCE

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Number of Household Members: \_\_\_\_\_ Ages of Household Members: \_\_\_\_\_

Gross Monthly Household Income: \$ \_\_\_\_\_

Type of Assistance Requested: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Please Explain the Need for Assistance:

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