

**Barrier Buster Request**

**Release of Information Agreement**

Release From Agency

Release To Agency

Release to Barrier Buster Member Agencies

Date Consumer Signed

Effective Date

Expiration Date

Condition of Expiration

Restrictions Requested for this Specific Disclosure

Comments

Request Date

Barrier Buster Name

Phone

Email address

Agency

**Client Information**

First Name

MI

Last Name

SSN

Address

City

State

Zip

[lookup](#)

City of Ann Arbor Resident?  Yes  No

Phone

# of Adults in Household

# of Children in Household

Gender

Male  Female

Date of Birth

Ethnicity

- Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture)
- Not Hispanic or Latino
- Unknown

Race/Ethnic Origin 1

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Some Other Race
- Unknown
- Consumer refused to provide information

Race/Ethnic Origin 2

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Some Other Race
- Unknown
- Consumer refused to provide information

Race/Ethnic Origin 3

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Some Other Race
- Unknown
- Consumer refused to provide information

Living Arrangement

- Rent
- Own

Monthly Rent

\* Annual Household Income (see income verification form)

Check here if you authorize that this electronic narrative can be considered equal to a letter on your agency's letterhead

\* What caused or led up to the financial need? (be sure to include account number, amounts, brief history, etc.)

\* Is this an emergency? If so, explain the urgency of the request.

\* How is the situation sustainable if funds are allocated?

\* Is the monthly rent or mortgage affordable? If not, what will change?

Check Request Information

Amount Requested

Date by which check is needed

Check Payable to (agency/company name)

Check Payable to (Address)

\* Agency/Company Phone

City

State

Zip

Choose One of the Following

- Mail Check
- Hold Check for Pickup by:

First name:

Last name:

Phone:

Email:

**Required Documentation Attached or has Been Sent**

Receipt/Invoice with account #

Request Type: -- Select Type

Please explain:

**Other Funding Sources**

DHS	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
ETCS	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
Friends In Deed	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
Ann Arbor Thrift Shop	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
ES Funds from Non-Profit	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
Veteran's Services	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
Salvation Army	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
Consumer Payment	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>
Other Specify: <input type="text"/>	<input type="radio"/> Utilized - Amount: <input type="text"/>	<input type="radio"/> Denied	<input type="radio"/> Not Utilized	Comments: <input type="text"/>