

## REFUGEE CASH ASSISTANCE (RCA) REQUEST FOR WORKING CAPITAL ADVANCE

For Service Month and Year: \_\_\_\_\_

Agency Name		
Address (Street or P.O. Box, City, State, ZIP)		
Contract No.	Contract Term	VIN No.

Family Unit Size	Months 1 through 4		Months 5 through 8	
	A No. Enrolled	B Cash Payments	C No. Enrolled	D Cash Payments
1				
2				
3				
4				
5				
6				
7				
8				
<b>TOTALS:</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>

Requested Advance (Total Columns B and D): 0.00

I certify that to the best of my knowledge and belief that this request for a capital advance is correct and complete and will be used for the purposes set forth in the contract for Refugee Cash Assistance.

\_\_\_\_\_  
Signature of Authorized Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name and Title

\_\_\_\_\_  
Telephone No. and Extension