**~~~~REQUEST FOR ADVANCE AND PROMISSORY NOTE**

           

Name DOC number Date

I hereby request the Department to grant an advance without interest in the amount of $      from the Community Services Revolving Fund (CSRF). The following financial information is supplied for establishing my eligibility for the advance:

1. Outstanding CSRF debts $
2. Amount of request $
3. Total debts to CSRF $

I understand that if the advance is approved, the proceeds will be deposited into my trust account and disbursed per RCW 72.65.090. If the Department grants my request, I promise to pay the amount of the advance secured by this note. I grant the right to the Department to make payments on this note from my trust account.

I certify that the above information is true and complete and submitted for the purpose of obtaining an advance from the CSRF.

Signature Date

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| **CASE MANAGER RECOMMENDATION** |

This individual will be housed at a Reentry Center until       .

I have reviewed this application and recommend this request be:  Approved  Denied

Reason for denial:

Name Signature Date

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| **DECISION** |

Approved  Denied

Name Signature Date

Approval is required by the Reentry Center Administrator if line “C” is more than $300.00.

Approved  Denied

Reentry Center Administrator Signature Date

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| --- |
| BUSINESS OFFICE USE ONLY |

Date issued:       Check number:       Amount: $

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **WHITE** - Business Office **CANARY** - Resident file **PINK** - Incarcerated individual