

## HOUSING ASSISTANCE FUND

### APPROVED HOME FURNISHINGS & HOUSEHOLD ITEMS

Costs must account for taxes and shipping. Home Stretch will not be able to process requests that exceed the total approved amount with taxes and shipping added. Taxes may vary based on location of the vendor and where items are shipped. Total cost for all items cannot exceed the amount approved on the application and cannot exceed the overall limit per household or the limit for household items and furnishings for the applicant's household size.

#### Furniture

|                                                              | Expected Cost: |
|--------------------------------------------------------------|----------------|
| <input type="checkbox"/> Bed(s) –Max. of 1 per person        | \$ _____       |
| <input type="checkbox"/> Dresser(s) –Max. of 1 per person    | \$ _____       |
| <input type="checkbox"/> Nightstand(s) –Max. of 1 per person | \$ _____       |
| <input type="checkbox"/> Dining table and chairs             | \$ _____       |
| <input type="checkbox"/> Couch OR Armchair (Max. of 1)       | \$ _____       |
| <input type="checkbox"/> Side table OR coffee table          | \$ _____       |

#### Kitchen

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <input type="checkbox"/> Pots and pans                          | \$ _____ |
| <input type="checkbox"/> Pot holders /oven mitts                | \$ _____ |
| <input type="checkbox"/> Baking pan                             | \$ _____ |
| <input type="checkbox"/> Dish towels                            | \$ _____ |
| <input type="checkbox"/> Cutlery/Silverware                     | \$ _____ |
| <input type="checkbox"/> Cutlery/Silverware tray                | \$ _____ |
| <input type="checkbox"/> Measuring cups and spoons              | \$ _____ |
| <input type="checkbox"/> Cooking utensils (spatula, tongs etc.) | \$ _____ |
| <input type="checkbox"/> Serving Spoons                         | \$ _____ |
| <input type="checkbox"/> Can opener                             | \$ _____ |
| <input type="checkbox"/> Cutting board                          | \$ _____ |
| <input type="checkbox"/> Plates                                 | \$ _____ |
| <input type="checkbox"/> Bowls                                  | \$ _____ |
| <input type="checkbox"/> Glasses/Cups                           | \$ _____ |
| <input type="checkbox"/> Mugs                                   | \$ _____ |
| <input type="checkbox"/> Vegetable peeler                       | \$ _____ |
| <input type="checkbox"/> Knife set                              | \$ _____ |
| <input type="checkbox"/> Cookie sheets                          | \$ _____ |
| <input type="checkbox"/> Mixing/serving bowls                   | \$ _____ |
| <input type="checkbox"/> Microwave                              | \$ _____ |
| <input type="checkbox"/> Trash and recycling bins               | \$ _____ |
| <input type="checkbox"/> Ice trays                              | \$ _____ |
| <input type="checkbox"/> Dish rack                              | \$ _____ |
| <input type="checkbox"/> Food storage containers                | \$ _____ |
| <input type="checkbox"/> Toaster or toaster oven                | \$ _____ |
| <input type="checkbox"/> Strainer/colander                      | \$ _____ |
| <input type="checkbox"/> Grater                                 | \$ _____ |
| <input type="checkbox"/> Paper towel holder                     | \$ _____ |
| <input type="checkbox"/> Rice cooker                            | \$ _____ |
| <input type="checkbox"/> Air fryer                              | \$ _____ |
| <input type="checkbox"/> InstaPot                               | \$ _____ |
| <input type="checkbox"/> Slow cooker                            | \$ _____ |
| <input type="checkbox"/> Wok                                    | \$ _____ |

#### Living Room/Bedroom

|                                                            | Expected Cost: |
|------------------------------------------------------------|----------------|
| <input type="checkbox"/> Lamp(s) (per room)                | \$ _____       |
| <input type="checkbox"/> Mattress –Max. of 1 per person    | \$ _____       |
| <input type="checkbox"/> Box Spring –Max. of 1 per person  | \$ _____       |
| <input type="checkbox"/> mattress protector                | \$ _____       |
| <input type="checkbox"/> Pillow protector                  | \$ _____       |
| <input type="checkbox"/> Bedding Set(sheets, pillow cases) | \$ _____       |
| <input type="checkbox"/> Blanket OR Comforter              | \$ _____       |
| <input type="checkbox"/> Pillows                           | \$ _____       |
| <input type="checkbox"/> Curtains                          | \$ _____       |
| <input type="checkbox"/> Hamper/Laundry Basket             | \$ _____       |
| <input type="checkbox"/> Clock/Alarm clock                 | \$ _____       |
| <input type="checkbox"/> Iron & ironing board              | \$ _____       |
| <input type="checkbox"/> Welcome mat                       | \$ _____       |
| <input type="checkbox"/> Mirror                            | \$ _____       |
| <input type="checkbox"/> Step stool                        | \$ _____       |
| <input type="checkbox"/> Hangers                           | \$ _____       |
| <input type="checkbox"/> Bookshelf                         | \$ _____       |
| <input type="checkbox"/> Cooling fan                       | \$ _____       |

#### Bathroom

|                                                   |          |
|---------------------------------------------------|----------|
| <input type="checkbox"/> Bath towels (set or 1)   | \$ _____ |
| <input type="checkbox"/> Hand towels (set or 1)   | \$ _____ |
| <input type="checkbox"/> Washcloths (set or 1)    | \$ _____ |
| <input type="checkbox"/> Shower curtain and liner | \$ _____ |
| <input type="checkbox"/> Bath mat                 | \$ _____ |
| <input type="checkbox"/> Trash bin                | \$ _____ |
| <input type="checkbox"/> Shower caddy             | \$ _____ |
| <input type="checkbox"/> Toilet seat              | \$ _____ |
| <input type="checkbox"/> Toothbrush holder        | \$ _____ |

#### Cleaning Supplies

|                                            |          |
|--------------------------------------------|----------|
| <input type="checkbox"/> Vacuum cleaner    | \$ _____ |
| <input type="checkbox"/> Broom and dustpan | \$ _____ |
| <input type="checkbox"/> Mop               | \$ _____ |
| <input type="checkbox"/> Bucket            | \$ _____ |
| <input type="checkbox"/> Duster            | \$ _____ |
| <input type="checkbox"/> Toilet brush      | \$ _____ |
| <input type="checkbox"/> Toilet plunger    | \$ _____ |

#### Safety

|                                                         |          |
|---------------------------------------------------------|----------|
| <input type="checkbox"/> Flashlight                     | \$ _____ |
| <input type="checkbox"/> Batteries                      | \$ _____ |
| <input type="checkbox"/> First aid kit                  | \$ _____ |
| <input type="checkbox"/> Fire extinguisher              | \$ _____ |
| <input type="checkbox"/> Tool kit                       | \$ _____ |
| <input type="checkbox"/> Anchoring straps for furniture | \$ _____ |