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# Southwest Michigan Community Action Agency



*HELPING PEOPLE. CHANGING LIVES*  
*Serving Berrien, Cass, and Van Buren Counties*

## Emergency Resolved and Not Reoccur

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Due to the COVID-19 pandemic, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

I understand that in accepting this assistance with my \_\_\_\_\_, I must within thirty (30) working days complete an application for Weatherization assistance. Failure to comply may result in refusal of future services.

\_\_\_\_\_  
Authorized Signature/Date

\_\_\_\_\_  
Intake Worker Signature/Date

