NL CARES

REQUEST FOR FINANCIAL ASSISTANCE

Please allow up to two weeks for us to process your application

DATE RECEIVED: _____ **REQUEST RECEIVED BY:** _____

CONTACT INFORMATION

Name: _____

Address: _____ City: _____ State: _____

Best Contact Number: _____ Email: _____

Spouse/Roommate: _____

Child(ren) Names and Ages: _____

Best Time To Contact You: _____

NLCHURCH INVOLVEMENT

Do you regularly attend NLChurch? _____ Which Campus do you attend? _____

Last time attended? _____

Are you a member? _____

Do you serve in a ministry? If so, which? _____

Have you received financial assistance from NLChurch before? If so, when? _____

How were you referred to us? _____ Name: _____

FINANCIAL INFORMATION

Have you contacted any other organizations or churches for assistance? If so, please specify:

_____

_____

Were they able to provide support? If so, what was the amount provided? _____

_____

What is your source of income? _____

What is your specific financial need at this time? $_____

Check the box that reflects the area of your financial need:

☐Food ☐Utilities ☐Housing/Rent ☐Other: _____

Do you receive food stamps? _____ If so, how much? _____

What circumstances have led to this financial hardship? What changes will you make in order to prevent this type of hardship from reoccuring? _____

_____

_____

SIGNATURE: _____ **DATE:** _____