



REQUEST FOR FINANCIAL ASSISTANCE

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

DATE: _____

REQUEST TAKEN BY: _____

CONTACT INFORMATION

Name: _____

Address: _____

Cell Phone: _____

Spouse/Roommate: _____

Child(ren) Names and Ages: _____

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: _____

OTHER RESOURCES

If you do not attend NLChurch, do you regularly attend another church? _____

Which one? _____ Were they able to help you? _____

If not, why? _____

Name of closest relatives/where are they located? _____

Do they know of your need? Have you contacted them for assistance? _____

If so, how much are they willing to contribute? \$ _____

What other agencies have you contacted? _____

What are they willing to contribute? \$ _____

FINANCIAL INFORMATION

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 ☐ 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 reoccurring? _____
