

REQUEST FOR FINANCIAL ASSISTANCE

Date: _____

Request Taken By: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Spouse/Roommate: _____

Children's Names and Ages: _____

Do you regularly attend NLC? _____ Last time attended? _____ Are you a member? _____

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

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

If you do not attend NLC, do you regularly attend another church? _____ Which one? _____

Were they able to help you? _____ If not, why? _____

How were you referred to us? _____ Name of contact: _____

Where are your closest relatives living? _____ Last Name: _____

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

What other agencies have you contacted? _____

What is your source of income? _____

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

What is your specific need at this time? Food Utilities Housing

Other: _____

Are you aware of why you are facing this hardship at this time? What changes will you make in order to prevent this type of hardship from reoccurring? _____

Signature: _____ Date: _____