

In order to service you better, please take the time to complete the following questionnaire.

PERSONAL DATA				
Name:				
Current Address:			Apt#:	
City:	State:	ZIP Code:		
Home #:		Work #:		
Marital Status (Check One): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed				
<b>Please list everyone living in the household</b>				
Last Name	First Name	Middle Initial	Age	Relationship
What is your offering envelope# _____				
What are you seeking assistance for (Check One): <input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utilities				
Date Needed by: _____ Amount Needed: _____				
**If for rent/Mortgage, please provide us with the following information:				
Mortgage Company/Apartment Complex Name: _____				
Address of Mortgage Company/Apartment Complex: _____				
City: _____ State: _____ Zip Code: _____				
Contact Person Name: _____ Contact #: _____				
What other agencies/churches have you gone to for assistance? _____				
_____				
Are your family members aware of your current situation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Why have you chosen New Life Worship Center for assistance? _____				
_____				
_____				
_____				

**EMPLOYMENT DATA**

Are you currently employed (Check One):     Yes     No  
 If yes, are you (Check One):     Full-Time     Part-Time

**Please list your form of Income: Monthly Family Income and/or Support**

Source	Amount
Wages	
AFDC	
SSI Disability	
Social Security	
Unemployment Comp.	
Food Stamps	
Child Support	
All Others (please list)	
<b>Total Monthly Income</b>	

Current Employer

Employer address:

How long employed?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Last Pay Date:

Next Pay Date:

How long have you been unemployed?

**EXPENSE DATA**

Have you ever received assistance from New Life Worship Center before (Check One):     Yes     No  
 If yes, when (Date):

What are you seeking assistance for? (Please check the appropriate box and indicate amount needed):

 Rent/Mortgage: \$\_\_\_\_\_ Gas \$\_\_\_\_\_ Electric \$\_\_\_\_\_ Water \$\_\_\_\_\_

**NEW LIFE WORSHIP CENTER  
ASSISTANCE PROGRAM  
OFFICE USE ONLY**

Date received application request:

Application Request Status (Check One):     Accepted     Declined     Pending

Approved by:

Approved Date:

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Which of the following is being paid (Check all that apply)

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Rent/Mortgage     Electric

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Gas     Water

Name of person requesting assistance:

Address:

Apt#:

City:

State:

Zip Code:

Phone #:

**Make Check Payable To:**

Name of Company:

Address:

City:

State:

ZIP Code:

Name of Company:

Address:

City:

State:

ZIP Code:

Name of Company:

Address:

City:

State:

ZIP Code: