

APPLICATION FOR FINANCIAL ASSISTANCE

***A Ministry of Overlake Christian Church***

*Email:* *caresupport@occ.org* *// Phone: 425.702.0303*

**TODAY’S DATE:** Click or tap to enter a date. **NAME:** Click or tap here to enter text. **AGE:** Click or tap here to enter text.

**ADDRESS:** Click or tap here to enter text. **CITY/STATE:** Click or tap here to enter text. **ZIP:** Click or tap here to enter text.

**HOME/CELL PHONE:** Click or tap here to enter text. **WORK PHONE:** Click or tap here to enter text.

**OCCUPATION:** Click or tap here to enter text. **EMAIL:**  Click or tap here to enter text.

**SPOUSE NAME & OCCUPATION:** Click or tap here to enter text. **AGE:** Click or tap here to enter text.

**NAME/AGES OF ALL OCCUPANTS OF HOME:** Click or tap here to enter text.

**How did you hear about us?** Click or tap here to enter text. **Have you been helped by Overlake Christian Church before?** [ ]
*If you have received assistance in the last 12 months, you may not be eligible for further assistance***Any other assistance from local agencies or churches in the past year?** Click or tap here to enter text.

#  COPY OF RENTAL/LEASE AGREEMENT REQUIRED FOR RENTAL ASSISTANCE

#  *If information is incomplete or inaccurate, assistance will be delayed.*

**Who should the check be made out to?\*** Click or tap here to enter text.

**Billing Address:** Click or tap here to enter text.

**Landlord/Contact Person:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.
**Amount due:** Click or tap here to enter text. **Due Date**: Click or tap to enter a date.

COPY OF CURRENT BILLING STATEMENT REQUIRED AT INTERVIEW. IF REQUESTING THIS ASSISTANCE, PLEASE LIST:

**Power/Gas Company name:** Click or tap here to enter text. **Amount Due:** Click or tap here to enter text.

**Billing address:** Click or tap here to enter text. **Account** # Click or tap here to enter text.

**Water/Sewer Company name:** Click or tap here to enter text. **Amount Due:** Click or tap here to enter text.

**Billing address:** Click or tap here to enter text. **Account** # Click or tap here to enter text.

**Other Bills/Debts\*:** Click or tap here to enter text. **Amount Due:** Click or tap here to enter text.

**Billing address**: Click or tap here to enter text. **Account** # Click or tap here to enter text.

*\*Checks are made payable to* ***VENDORS ONLY*** *and are mailed directly. Our mission is to help with rent and utilities; no other bills or debts will be paid without prior authorization. Assistance may be withheld for lack of information and/or misinformation.*

(NOTE: The following information does **NOT** impact the financial help OCC may provide to you. It simply guides us in coming alongside those who attend OCC in additional ways.)

**Do you attend OCC?** Non-attender [ ]  OCC attender [ ] OCC member [ ]

**If you attend OCC, how often?** Weekly [ ]  Monthly [ ]  Annually [ ]

**Are you currently involved in an OCC small group and/or serving in an OCC ministry?** Yes [ ]  No [ ]
**Leader of your group/ministry:** Click or tap here to enter text.

**ALL APPLICANTS**

Please use this space to tell us about your need and the circumstances that caused it. Also please name what your most immediate financial need is and share any information you think may be of importance, such as: current amount due, any other pledges from other organizations, any finances you have set aside, etc.

Click or tap here to enter text.

I hereby give my consent to Overlake Christian Church to share the information contained in my application form and any other material I have provided to support my application for aid with OCC pastors, volunteers and staff members, churches or agencies as Overlake Christian Church, in the exercise of its reasonable discretion, might see fit. I also give Overlake Christian Church express consent to verify any information contained on this form, including any attachments or supplements I have provided, in order to determine the extent, legitimacy and duration of my need.

Click or tap here to enter text. Click or tap to enter a date.

Applicant(s) Date

Click or tap here to enter text. Click or tap to enter a date.

Applicant(s) Date

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| YOU *MUST* FILL-IN THIS MONTHLY SPENDING WORKSHEET **FOR YOUR HOUSEHOLD** & SUBMIT IT WITH YOUR APPLICATION. YOUR INTERVIEWER WILL ASK TO SEE IT. |
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| **Sources of Income** |  |  | **Transportation** |  |
| Income | Click or tap here. |  | Car Payment | Click or tap here. |
| Child Support | Click or tap here. |  | Insurance | Click or tap here. |
| Food Stamps | Click or tap here. |  | Maintenance | Click or tap here. |
| Unemployment  | Click or tap here. |  | Other: | Click or tap here. |
| Other: | Click or tap here. |  |  | Click or tap here. |
| **Income Total** | Click or tap here. |  | **Transportation Total** | Click or tap here. |
|  |  |  |  |  |
| **Housing** |  |  | **Other Expenses** |  |
| Mortgage/rent | Click or tap here. |  | Cell Phone  | Click or tap here. |
| Insurance (including flood, life, etc) | Click or tap here. |  | Credit Card Debt | Click or tap here. |
| Property taxes | Click or tap here. |  | Childcare | Click or tap here. |
| Utilities  | Click or tap here. |  | Other Debts | Click or tap here. |
| Other:  | Click or tap here. |  |  | Click or tap here. |
| **Housing Total** | Click or tap here. |  | **Other Expenses Total** | Click or tap here. |
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