**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1.) Employment: Full-time  Part-time  Self-Employed  Job Hunting  Disabled

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Marital status: Married  Single  Divorced  Widowed  Living Together

Total number living w/you: \_\_\_\_ Number of children (under 18): \_\_\_\_Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.) Do you attend Living Word (LW) on a consistent basis? Yes  No

If so, how often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.) Are you consistently giving tithes/offerings to the Lord (thru LW) from your family income?   
Yes  No

5.) List Ministry(s) you are involved in at LWCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.) Have you received assistance, money or otherwise, from Living Word in the past 24 months?   
Yes  No

Are you currently receiving aid from any other organization, family, or friends? Yes  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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7.) Please list your request below**. (Please include photo copy of the bill or invoice, as well as identification)**

|  |  |  |
| --- | --- | --- |
| **Account Type** | **Company Name** | **Past Due Amount** |
|  |  |  |
| Total Amount Requested: | | |

8.) Please state BRIEFLY what circumstances have led to this need: *(Please use back of form if needed)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SEND/DELIVER APPLICATION TO LIVING WORD**   
**DELIVER:** CARE & COUNSELING OFFICES (M-F: 9 am-5 pm)   
**FAX:** 763-315-7155  
**EMAIL:** [CAREANDCOUNSELING@LWCC.ORG](mailto:CAREANDCOUNSELING@LWCC.ORG)  
**MAIL:** LIVING WORD CHRISTIAN CENTER   
ATTN: CARE & COUNSELING OFFICES  
9201 75TH AVENUE N  
BROOKLYN PARK, MN 55428