**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
**MAIL:** LIVING WORD CHRISTIAN CENTER
ATTN: CARE & COUNSELING OFFICES
9201 75TH AVENUE N
BROOKLYN PARK, MN 55428