

CHURCH ASSISTANCE REQUEST FORM

Fairwood Community United Methodist Church

15255 SE Fairwood Blvd Renton WA 98058

Phone: 425.228.4577. Email: pastorferdie@fairwoodumc.org

*** Please read Church Assistance Program Policy attached**

Name: _____ Date: _____

Address: _____

City: _____ Zip Code _____ Email: _____

Phone number: _____ Cell Phone: _____

Type of Assistance: _____

(Or choose below)

____ Transportation/Gas

____ Rental/Utility

____ Meals? Food

____ Medical Bills

____ Others: _____

Information for Landlord/Store/Clinic (if applicable):

Landlord's Name (or store): _____

Address: _____ Phone: _____

City: _____ Zip Code _____ Email: _____

Referred by: _____

Have you received assistance from us in the past? If so, when? _____

To request emergency assistance please provide the following:

- Utility bills, or disconnection notice, medical bills, or other documents that demonstrates one's need.
- Picture ID or driver's license

____ I hereby give Fairwood Community United Methodist Church permission to verify any information provided on this form including background checks.

Signature: _____ Date: _____

(After we receive this form, one of our church volunteers will contact you)