

## Northlake Christian Church [NCC] Aid and Assistance Check List [2/2021]

Northlake Christian Church **ONLY** considers assistance applications for rent and essential utilities

Northlake Christian Church **DOES NOT** pay for motels, storage units, non-essential utilities or other non-essential expenses

### FUNDS FOR ASSISTANCE ARE VERY LIMITED

**PLEASE CONTINUE TO SEEK ASSISTANCE FROM OTHER AGENCIES WHILE WE PROCESS YOUR APPLICATION**

**PARTIAL PAYMENTS FOR BILLS RELATED TO COVID 19 WILL BE CONSIDERED.  
ALL MONEY MUST BE CONFIRMED AS PAID OR PLEDGED IN FULL ON ANY BILL  
FOR NORTHLAKE TO RELEASE ANY PLEDGED PAYMENT**

### *Complete the check list below*

- I have completely filled out the application and financial information pages honestly and to the best of my ability including all people in the household.
- I have attached a copy of my current identification [Driver's license or ID card] and for **ALL** adults in the household.
- I have attached copies of the bills and/or notices listed on my application for assistance.  
For rent assistance attach a copy of the ledger with charges & payments for the last year or if there less than a year, the length of time you have lived there and a copy of the rental agreement or mortgage paperwork.
- I will contact all businesses I have requested assistance with and will give my approval for a Northlake representative to discuss my account and account history.
- A NCC volunteer will call you from a blocked number. I will be sure my phone accepts blocked calls and I will answer blocked calls.
- I understand it may take 5-10 days to process an application. A Northlake aid and assistance volunteer will contact me as soon as possible.

Yes  No  I will provide the latest 2-3 months bank statements that show deposits of income and payments of expenses when requested.

If no, why? \_\_\_\_\_

**Assistance is very limited if bank statements are not available.**

Yes  No  I provide the most recent pay stub and/or statements of all benefits including unemployment, SNAP, WIC, TANF, disability and any other income for **ALL** those living in the household when requested.

If no, why? \_\_\_\_\_

Yes  No  I am willing and physically able to give a mutually agreed number of hours to a non-profit volunteer program? In order to receive financial assistance, we may require participation in a non-profit volunteer program before an aid payment is released. Assistance \$ amounts will vary.

If no, why? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**This form must be completed to process your application**



**NORTHLAKE  
CHRISTIAN CHURCH**

19029 NORTH ROAD BOTHELL, WA 98012

425.672.8044 northlakeecc.org

## **Application for Aid & Assistance**

**NCC only accepts aid applications from people living in the following zip codes:**

**98011, 98012, 98021, 98036, 98037, 98043, 98072 limited to Snohomish County, 98087,  
98204 limited to south of 112<sup>th</sup> ST SW & 98208**

**FILL OUT THE APPLICATION COMPLETELY**

**RETURN APPLICATION**

**Email the application and all requested documents to [aid@northlakeecc.org](mailto:aid@northlakeecc.org)  
or mail to Northlake Christian Church 19029 North RD Bothell WA 98012  
or call the church office at 425-672-8044 to schedule dropping off the application**

*All information is confidential*

**You may be disqualified for giving false or incorrect information**

**Applications may take 5 - 10 days to process**

Today's Date: \_\_\_\_\_

How did you hear about Northlake's [NCC] Helping Hands assistance?  
\_\_\_\_\_

Have you applied for assistance at NCC before? \_\_\_\_\_ When? \_\_\_\_\_ For what? \_\_\_\_\_

### **Personal Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Phone # [\_\_\_\_\_] \_\_\_\_\_ Email \_\_\_\_\_

Spouse Phone # [\_\_\_\_\_] \_\_\_\_\_ Email \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ # of years \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

How long at your current address? \_\_\_\_\_ Do you own \_\_\_\_\_ or rent \_\_\_\_\_

Landlord or Mortgage Company \_\_\_\_\_ Phone [\_\_\_\_\_] \_\_\_\_\_

Former address \_\_\_\_\_ City & Zip \_\_\_\_\_

Your Current Occupation \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Hourly/salary wage \$ \_\_\_\_\_

Hours worked in a week \_\_\_\_\_ How long have you been at this position? \_\_\_\_\_

### **Religious Background**

Mark one: NCC Attendee [  ] NCC Member [  ] Community [  ]

If non-NCC attender, do you have a church home? Yes [  ] No [  ] Church name \_\_\_\_\_

How often do you attend? \_\_\_\_\_ Are you a member? Yes [  ] No [  ] Church phone# [\_\_\_\_\_] \_\_\_\_\_

Have you applied for aid and assistance at your home church? Yes [  ] No [  ]

What extent have they currently helped you or provided past assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you should die tonight, are you sure you would go to Heaven? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you tell God was the reason He should let you into Heaven? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can we have someone share how you can know for sure that you are going to Heaven?

Yes [  ] No [  ]

Have you experienced any recent changes in your spiritual life? \_\_\_\_\_

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

**ALL who live in the house?**

Name & Relationship	Age	Employer	Monthly Financial Contribution
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Reason a person other than your spouse or child is living at your house \_\_\_\_\_

\_\_\_\_\_

**Are you or anyone at in your household receiving assistance?**

[Examples: Unemployment, Disability, SNAP, Section 8 housing, TANF, Church assistance, etc.]

<u>Family or Household Member</u>	<u>Program</u>	<u>Monthly Amount</u>	<u>Case Worker &amp; Phone</u>
1. _____	_____	_____	_____ [_____] _____
2. _____	_____	_____	_____ [_____] _____
3. _____	_____	_____	_____ [_____] _____
4. _____	_____	_____	_____ [_____] _____

Please share the disability diagnosis for all in your household that receive disability income. \_\_\_\_\_

\_\_\_\_\_

Have you or anyone in your household received any help from churches or non-profit agencies in the past 6 mo.?

Yes [  ] No [  ] If yes, list when, agency or church, what the assistance was for and the amount

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Briefly explain the circumstances that caused your need for assistance and list any other important information you would like to share.

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

**Are you seeking or receiving financial assistance for this need or other needs  
from any other agencies, churches, family members or friends?**

	<u>Person or Source</u>	<u>Amount</u>	<u>Contact Name</u>	<u>Phone Number</u>
1.				[ ]
2.				[ ]
3.				[ ]
4.				[ ]

Are you willing to ask family members [such as parents, grandparents, siblings, in-laws or friends] for assistance?  
Yes [ ] No [ ]

If no, explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all bills you are requesting assistance with**

**Copies of all bills listed below are required to process your application for possible assistance. Contact each company to give permission for a Northlake representative to discuss your bill or account.**

1. \_\_\_\_\_ Amount \_\_\_\_\_
2. \_\_\_\_\_ Amount \_\_\_\_\_
3. \_\_\_\_\_ Amount \_\_\_\_\_
4. \_\_\_\_\_ Amount \_\_\_\_\_
5. \_\_\_\_\_ Amount \_\_\_\_\_

\* Checks will only be made out to specific agencies. NO personal checks will be issued. NO checks will be issued to family members or roommates.

\* Our mission is to assist with rent & essential utilities. No other debts will be paid without prior authorization of the NCC Helping Hands Aid & Assistance review board.

\* Checks may be withheld for lack of information and/or misinformation.

**Financial History**

**Where have you worked? [Compete for ALL working members of the household]**

	<u>Name</u>	<u>Dates of Employment</u>	<u>Employer</u>	<u>Hourly wage</u>	<u>Phone Number</u>
1.					[ ]
2.					[ ]
3.					[ ]
4.					[ ]
5.					[ ]

**Have you had financial difficulties in the last five years?**

Yes [ ] No [ ] If yes, please explain the circumstances and how you resolved the need

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**Future Plans**

What is your plan for your future?

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Can Northlake help you implement your plan, or if you do not have one, can we assist you in developing a plan?

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**Consent and Signature:**

“I hereby give my consent to Northlake Christian Church [NCC] to share the information contained in my application form including any other material I have provided to support my application for aid with NCC pastors, volunteers, staff members, churches or agencies as NCC [in the exercise of its reasonable discretion] might see fit. I also give NCC 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. I also release NCC and will not hold anyone liable for information shared on this application.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

**Completing the Aid & Assistance Application & Budget on-line constitutes written approval**

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Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Expenses	Monthly Expenses	Outstanding Balance	Interest Rate	Expenses Continued	Monthly Expenses	Outstanding Balance	Interest Rate
<b>Transportation</b>				<b>Health Care</b>			
Car payment #1				Medical Insurance			
Car payment #2				Medical Co-Pay			
Car payment #3				Doctor			
Insurance				Dentist			
Gas				Eye Doctor			
Maintenance				Therapy/Counseling			
License				Prescription Meds			
Other [bus, carwash, auto club]				Over the Counter Meds			
<b>Home</b>				Other			
Rent/Mortgage				<b>Contributions</b>			
Insurance				<b>Gifts &amp; Cards</b>			
Maintenance				All Occasions			
Taxes				<b>Entertainment</b>			
Dues				Music			
Other				Movies			
<b>Utilities</b>				Books & Newspapers			
Phone - Home				Hobbies			
Phone - Cell				Concerts, Theater, Museum, etc.			
Electricity				Other			
Gas				<b>Personal Business</b>			
Garbage				Postage			
Water/Sewer				Banking Fees			
Cable				Lawyer			
TV subscription services				Accountant			
Internet service				Supplies [Office, etc.]			
<b>Food</b>				Other			
Groceries				<b>Other</b>			
Eating out [meals snacks drinks]				Household Supplies			
Other				Housewares			
<b>Payments</b>				Furniture & Appliances			
Credit Card #1				Pet cost			
Credit Card #2				Education			
Credit Card #3				Travel			
Pay Day Loan				Cigarettes &/or Recreational drugs			
Other				Children's Activities			
<b>Apparel</b>				Child Support			
Clothes & Accessories				Other			
Dry Cleaning				<b>Household Income</b>	<b>Amount</b>	<b>Frequency</b> [monthly, weekly, etc.]	
Other			[include ALL income & benefits; SNAP, disability, child support, unemployment, etc. from ALL in the household]				
<b>Self-Care</b>				Source			
Toiletries & Cosmetics				Source			
Haircuts				Source			
Massage				Source			
Gym/Health Club				Source			
Other				Source			