



APPLYING FOR AID & ASSISTANCE

We accept applications from Canyon Hills Members and Regular Attendees.

Appointments are only made if application is turned in completed with all required documents as noted below. Once your application is received we will contact you and schedule your interview appointment. You will not be called if all required documents are not turned in with your application.

REQUIRED DOCUMENTS:

you must bring in your own photocopies of these documents

- Photo ID
- Bank Statements for the last two months
- Rental agreement/mortgage paperwork
- Pay stubs, unemployment, or any documents regarding aid being received
- Any government assistance including food stamps, SSI, WIC, disability or other assistance
- The need(s) for which you are asking our assistance
- Please contact the company of the bill you are requesting help with and give them permission to speak with a CHCC representative.

Applications and additional required documents (listed above) should be turned into the Church Receptionist at 22027 17th Avenue SE, Bothell Washington 98021.

If you have any questions, please contact Aid & Assistance at 425-488-4121.



AID & ASSISTANCE APPLICATION

Personal Information -----

Name: _____ SSN#: _____ Birthdate: _____
 Last First MI
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Secondary Phone: _____ Email: _____

Household Information -----

Marital Status: Single / Married / Divorced / Widowed Name of Spouse: _____
 Spouse's Birthdate: _____ Work/Cell Phone of Spouse: _____

Children:

Name of Child:	Age:

Other Residents:

Name: _____ Age: _____ Reason for them residing in your home: _____
Resident's Monthly Income: _____ Contribution to Bills: _____

Financial Information -----

[Income]
 Occupation: _____ Employer: _____ Employer's Phone: _____
 Monthly Income: _____ Second Occupation: _____ Income: _____
 Spouse's Occupation: _____ Employer: _____ Employer's Phone: _____
 Monthly Income: _____ Second Occupation: _____ Income: _____

(please explain any employment issues (i.e. unemployment, current laid off, etc.):

[Financial Assistance]

Have you applied for aid from CHCC before? YES/ NO When? _____ Were you approved? YES/ NO
 Have you been helped by another church/organization? YES/ NO When? _____

(please explain the extent of this aid)

Please indicate any other financial assistance you or household members are currently receiving:
Unemployment / Food Stamps / DSHS / Section 8 / Social Security / Disability / _____ (other)

(please indicate the amount you receive through the above financial assistance programs):

Do you currently receive child support? YES/NO Amount: \$ _____ Frequency: _____

[Expenses]

Landlord/Mortgagee:	Monthly Payment:
All Utilities:	Monthly Payment:
All Insurance:	Monthly Payment:
All Cars (make/model/year):	Monthly Payment:
All Credit Cards:	Monthly Payment:
Medical Bills:	Monthly Payment:
Cell / Internet / TV	Monthly Payment:

Church Information -----

How long have you attended CHCC? _____

Please indicate which category you fall into: CHCC Member / Attendee

Attendance Frequency: _____ Are you currently in a Life Group? _____

Life Group Leader's Name _____

Are you currently involved in a ministry? _____

Additional Information -----

Are your family members aware of your financial situation? _____

To what extent has your family helped you? _____

Would you be willing to accept financial counseling? YES / NO

Please use the space below to tell us about your need, the circumstances that caused the need, and any additional information that you think may be of importance in considering your request:

Review/Consent-----

The following documents are required to finalize your application: Please provide copies of each

- Driver's license/photo ID of applicant
- Bank statements for the last two months
- Rental agreement/mortgage paperwork
- Last Pay stubs, unemployment, or any documentation regarding aid being received (for all in household)
- The need or bill that you would like our help with.
- Please contact the company of the bill you are asking for help with and give them permission to speak with a Canyon Hills representative.

I, _____, hereby give my consent to Canyon Hills Community Church to share the information contained on this form with the leadership of Canyon Hills Aid & Assistance Ministry.

Applicant Signature

Date

FOR OFFICE USE ONLY
COMMENTS: