



## Linwood Seventh-day Adventist Church FINANCIAL ASSSITANCE REQUEST

Physical  
6525 N Monroe  
Spokane WA 99208

Secure Mail  
PO Box 48273  
Spokane, WA 99228

509-327-4400 | 509-981-8508 TEXT  
linwoodsdatreasurer@gmail.com  
email@linwoodsda.org  
www.linwoodsda.org

### REQUESTER INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

How long at current address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Your Age: \_\_\_\_\_ Married? ☐ No ☐ Yes If Yes, name of Spouse: \_\_\_\_\_

Name and ages of all children living with you:

NAME	AGE	NAME	AGE
1.		4.	
2.		5.	
3.		6.	

### ASSISTANCE INFORMATION

Have you ever asked us for help before? ☐ No ☐ Yes

If YES, when? \_\_\_\_\_

Reason needing help: ☐ Auto Repairs ☐ Clothing ☐ Food ☐ Gasoline ☐ Lodging ☐ Utilities

Please specify why you need this help: \_\_\_\_\_

Are you employed? ☐ No If NO, reason for not being able to work: \_\_\_\_\_

☐ Yes If YES, name of employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Spouse employed? ☐ No If NO, reason for not being able to work: \_\_\_\_\_

☐ Yes If YES, name of employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Utility Company Account Number: \_\_\_\_\_

Water: \_\_\_\_\_

Electric: \_\_\_\_\_

Natural Gas: \_\_\_\_\_

**INCOME/EXPENSE INFORMATION**

**If asking for Rent or Utilities assistance and the proper contact / account information is not provided, this request cannot be considered.**

Do you split rent / utilities / living expenses with a Roommate? \_\_\_\_\_

☐ No ☐ Yes

If Yes, list what expenses are shared and how much: \_\_\_\_\_

Check if you receive:

☐ Social Security Benefits ☐ Food Stamps ☐ Disability Income ☐ WIC ☐ AFDC

How much do you receive in dollar value per month? \_\_\_\_\_

Do you receive assistance for: Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

If Yes, from whom do you receive the rent or utilities assistance? \_\_\_\_\_

If asking for Rent or Utilities assistance, when do you need the payment? \_\_\_\_\_

Total Monthly Income for You: \_\_\_\_\_

\$

Total Monthly Income for Your Spouse / Roommate: \_\_\_\_\_

\$

Please list any real estate, automobiles, recreational vehicles, etc. you own:

TYPE	NET VALUE
	\$
	\$
	\$
	\$
	\$

**MONTHLY EXPENSE INFORMATION:**

☐ Rent or ☐ Mortgage

\$

Groceries

\$

Vehicle Payments

\$

Utilities (electricity, natural gas, water, garbage)

\$

☐ Phone (landline) or ☐ Cell Phone

\$

Cable TV

\$

Taxes

\$

Insurance

\$

Medical Payments (Dr. visits, medicine, etc)

\$

Pet(s)

\$

Misc expenses (clothing eating out, entertainment, etc)

\$

**Total Monthly Living Expenses**

\$

Total Credit Card Payments (please list below)

\$

Creditor:

\$

Creditor:

\$

Creditor:

\$

Other Financial Obligations

\$

\$

\$

Estimated Net Cash Flow

\$

*Any assistance from the Spokane Linwood SDA Church for Rent or Utilities is paid directly to the Landlord or Utility Company. Payment cannot occur without complete addresses and account numbers.*

*When this form is fully completed and returned to our church office, the Finance Committee will review your request. Whether we provide assistance is based upon your need, your honesty and our available resources.*

**Financial aid is normally a one-time assistance to help you get through a tough spot in life.**