

# **Coast Hills Church Emergency Relief**

Coast Hills Church can help CHCC active members with Emergency Relief assistance with Utilities and rental assistance up to a 500.00 maximum in a 12month period.

We cannot help with car payments, insurance, medical bills or association dues.

An Emergency Relief form must be completed with 2 references from Coast Hills. We will contact the references.

If Emergency Relief is submitted for rental assistance, we must have a copy of the Lease/Rental agreement with a contact person and phone number so we can contact them.

If we are paying utility bills, we must have copies of these utilities with your name on them.

Checks will not be made out to the person requesting Emergency Relief but the individual Utility companies.

Interview Date \_\_\_\_\_

Interviewer \_\_\_\_\_

## CHCC EMERGENCY RELIEF ASSISTANCE

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

Address: \_\_\_\_\_ City \_\_\_\_\_

E-mail address: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

CHCC Member/Attender Yes No; If 'Yes' how often do you attend? \_\_\_\_\_

Name two (2) people you know here at CHCC: \_\_\_\_\_

Personal: Married Single Divorced w/Partner Separated

Spouse/Partner's name: \_\_\_\_\_ Number in Family \_\_\_\_\_

Children: Name: \_\_\_\_\_ sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ sex: \_\_\_\_\_ Age: \_\_\_\_\_

Financial: Employed Disabled Unemployed Laid-Off

Employer/Income source: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Circumstances of Need/Nature of Request: \_\_\_\_\_

### Assistance Requested:

Rent/Mortgage \_\_\_\_\_ \$ \_\_\_\_\_

Utility \_\_\_\_\_ \$ \_\_\_\_\_

Utility \_\_\_\_\_ \$ \_\_\_\_\_

Utility \_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Other resources you have contacted:

Family: \_\_\_\_\_ D-Group: \_\_\_\_\_

Community Service Agency: \_\_\_\_\_ Other: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (copy)

Other Govt. Picture ID: State: \_\_\_\_\_ (copy)

Have you received financial help from the church in the last 12 months? When? \_\_\_\_\_

Food Certificates: Amount \$ \_\_\_\_\_

Email form to: [Mjensen@coasthillschurch.org](mailto:Mjensen@coasthillschurch.org)