

FINANCIAL ASSISTANCE REQUEST FORM FOR LIGHT OF CHRIST PARISH

Name _____

Address _____

City/State _____

Home phone _____ Cell Phone _____

Please provide proof of residence (copy of driver's license or your mail)

We will assist with Utilities or Rent. What type of financial assistance are you in need of?

IF YOU ARE IN NEED OF ASSISTANCE WITH RENT PLEASE PROVIDE THE LANDLORD'S CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

Utilities: _____

Copies of your bill are required. We will send the funds directly to the service provider.

Signature _____

Print Name _____

Date _____

All of the above information will remain confidential except for those in the decision making process.