



DREAMLIFE WORSHIP CENTER

REQUEST FOR EMERGENCY/HARDSHIP FUNDS: This form will assist us with analyzing the multiple requests for financial assistance that come to the church from the membership. Please fill out the appropriate information for your situation in order to understand your specific need.

BASIC INFORMATION			
Name		Contact #	
Street Address		City, State, ZIP	
CRITERIA			
	Yes	No	Notes
<i>Amount Needed?</i>			
<i>Have you requested help from family, etc?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Member longer than 1 year?</i>	<input type="checkbox"/>	<input type="checkbox"/>	If no, list when you joined:
SYNOPSIS			
Help Needed	Yes	No	Please give a brief, detailed description of your situation:
<i>Medical Emergency</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Rent/Mortgage Help Needed</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Food Help Needed</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Utility Assistance</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other (specify below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Comments:	<hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>		
Your Assigned DCL's Signature:	<hr style="border: 1px solid black;"/>		

**All forms are to be submitted to your assigned Dream Care Leader for processing.
Completion of this form does not guarantee assistance from DLWC**