



NEW CREATURES-IN-CHRIST MINISTRIES, INC.

REBUILDING LIVES!

Rental Assistance

Name: _____

Address (street, city, zip code): _____

Name of Apartment Complex: _____

POC for Apartment Complex or Private Landlord: _____

Telephone Number: _____

Amount due for rent: _____

Eviction notice: _____ (please provide a copy)

Payment due date: _____

1. Total number of family members: _____
2. Number of children: _____
3. Were you impacted by the Pandemic: ___ Yes ___ No
 - a. Lost wages/job _____
 - b. Reduced wages _____
 - c. Increased medical bills _____
 - d. Increased childcare bills _____
4. Applicant telephone number: _____

Signature: _____ Date of Request: _____