



NEW CREATURES-IN-CHRIST MINISTRIES, INC.

R E B U I L D I N G L I V E S !

Request for Emergency Shelter in Hotel

Name: _____

Date: _____

Current address (street address, city, state, zip code): _____

Previous complete home address: _____

Homeless Yes No

Number of Adults: _____

Number of Children: _____

Provide a brief description of why you need emergency shelter in hotel:

Housing plan after hotel stay ends: _____

Negatively Impacted by COVID 19 (**if you were not negatively impacted by COVID 19, unfortunately, this funding cannot be used to assist you**).

Lost wages

Lost Job

Increased medical or childcare expenses.

Contracted Covid

Other required documents: Email documents to emailus@helpingothersthrievpc.net or fax to 571-781-4388.

1. Photo ID of all persons over 18
2. Verification of negative impact documents
3. Applicant must have contacted Prince William County Coordinated Entry for availability of shelter space at 703-792-3366. Date applicant called CES: _____ CES Staff Person's Name: _____

A response will be provided in 1 business day.

Staff Only:

Name of Hotel: _____ Number of Days Approved: _____

Signature: _____ (New Creatures-in-Christ Ministries, Inc. staff)

Approved Denied

Date: _____