



NEW CREATURES-IN-CHRIST MINISTRIES, INC.

REBUILDING LIVES!

Utility Assistance

Name: _____

Address: _____

Utility Company: _____

Amount due for prevent shut off: _____

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 _____

Signature: _____ Date of Request: _____