

# COMMUNITY ASSISTANCE PROGRAM POLICY

Fairwood Community United Methodist Church

15255 SE Fairwood Blvd Renton WA 98058

Phone: 425.228.4577 Email: [office@fairwoodumc.org](mailto:office@fairwoodumc.org)

## TYPES OF ASSISTANCE

### SMALL-SCALE ASSISTANCE

For small-scale needs like transportation, gas, meals, work-related gear (e.g. work shoes or uniform)

### EMERGENCY ASSISTANCE

For emergency needs like utility assistance, rental help, medical bills, or other emergency cases

## FOR SMALL SCALE ASSISTANCE APPLICANTS WOULD NEED TO:

- Fill out the form and submit a copy of Picture ID or driver's license

## FOR EMERGENCY ASSISTANCE APPLICANTS WOULD NEED TO SEND/SHOW:

- Utility bills, disconnection notice, medical bills, other documents that demonstrate one's need
- Fill out the form and submit a copy of Picture ID or driver's license

## OTHER POLICIES

- Applicants must reside in Renton or Kent
- Applicants can only receive help once every 6 months for a maximum of 3 times in two years
- Applicants are not permitted to solicit directly from church members
- Payments are issued to designated landlord, utility provider, clinic, etc., NOT the applicant
- Frequent requests are subject to the discretion of the CAP team
- The CAP team may request an in-person meeting with the applicant

## TOGETHER WITH THIS FORM ARE HELPFUL RESOURCES

- South King County Emergency Services brochure
- Kent Community Assistance handout
- City of Renton's Guide to Social Services

For other resource, please call 211 or visit their website, [wa211.org](http://wa211.org)

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**Please read the Community Assistance Program Policy attached**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of assistance requested:

\_\_\_\_\_ Transportation/Gas \_\_\_\_\_ Rental/Utility  
\_\_\_\_\_ Meals/Food \_\_\_\_\_ Medical Bills \_\_\_\_\_ Other

Referred by: \_\_\_\_\_

Please give us the contact information for the person who can verify your need, e.g. landlord, utility company, medical clinic, other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Have you received assistance from us in the past? If so, when? \_\_\_\_\_

Please describe the circumstances that led to your current situation and what you are doing to become financially stable:

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**You must provide the following for us to consider your request:**

- Picture ID or driver's license
- Utility bills, disconnection notice, rent ledger, medical bills, or other documents that demonstrate your need

\_\_\_\_\_ I hereby give Fairwood Community United Methodist Church permission to verify any information provided on this form including background checks

Signature: \_\_\_\_\_