



COMMUNITY ASSISTANCE PROGRAM

Fairwood Community United Methodist Church

15255 Fairwood Blvd. Renton, WA 98058

Phone: 425-228-4577 Email: office@fairwoodumc.org

TYPES OF ASSISTANCE

SMALL-SCALE ASSISTANCE

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

EMERGENCY ASSISTANCE

For emergency needs like utility assistance, rental help, hotel stays, medical bills, or other emergency cases **where you owe \$4,000 or less**

FOR SMALL SCALE ASSISTANCE, APPLICANTS NEED TO:

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

FOR EMERGENCY ASSISTANCE, APPLICANTS 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 have a mailing address or be unhoused in Renton or Kent
- We accept a maximum of 12 applications every month starting the first day of the month
- Applicants can only receive help once every year
- 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 an applicant

If we are able to help you, our maximum giving is \$400.

For other resources, please call 211 or visit www.wa211.org



Community Assistance Program Application

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Phone: 425-228-4577 Email: office@fairwoodumc.org

Please read the Community Assistance Program Policy attached before filling out

Name: _____ Date: _____

Address: _____

City: _____ Zip Code _____ Email: _____

Home Phone: _____ 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? _____

TOTAL AMOUNT OWED: \$ _____

TOTAL AMOUNT I CAN CONTRIBUTE: \$ _____

Please describe the circumstances that led to your current situation and what you are doing to become financially stable. Please be specific and truthful.

Please list yourself and everyone living in your household:

Name (First/Last)	Relationship to you	Age

If you are a **single parent**, have you reached out to Vine Maple Place?__ Yes __ No

If yes, who is your case manager? _____

What is their email/phone? _____

Vine Maple Place offers free services for single parents of school age kids, including rent assistance. Apply right now at <https://www.vinemapleplace.org/get-help>

Have you sought out or are you receiving financial assistance from any other churches or organizations? __ Yes __ No

Please tell us who you contacted and if any help was given:

Organization	Help given	Contact person	Contact's email/phone

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 is \$4,000 or less

_____ I hereby give Fairwood Community United Methodist Church permission to verify any information provided on this form including doing a background check

Signature: _____

Please send this completed form and all other required documentation to office@fairwoodumc.org.

You may also visit the church in person Mon – Thurs 8:30 AM – 1: 30 PM.