NEW LIFE RESTORATION CENTRE

BLESS - SEEK FOR ASSISTANCE APPLICATION FORM

(Please email completed Application Form to: bless@newlife.org.my)

| | | Personal | Information | | | | | |
|--|--|-------------------|----------------------|---------------------|-------------------|----------------------|-------------|------|
| Are you applying this aid l | because you a | are affected by t | he Covid-19 cri | sis/MC | O? | Yes | ☐ No | |
| Applicant's Full Name (Per NRIC or Passport) | | | NRIC/ Passport No | | | | Age | |
| Address | | | Marital Status | | Single Married | | pendants: (|) |
| Gender | Male | Female | Contact Details | Mobile : House : | | | | |
| Religion | Christian Buddist Hindu Email (if available) : Others: | | | | | ble) : | | |
| Do you attend New Life Restoration Centre PJ Church? | Yes No Other New Life Church Branches: | | | | | | | |
| | | Employmer | nt Information | | | | | |
| Full Time Employee | | | | | RM Hom | per month e-maker | | |
| | Laid off Laid off date : | | | | | Last Salary RM | | |
| Daily Wage / Part Time Worker | Yes Did you have an income reduction? % Reduction: Amount RM | | | | | | per mont | h |
| Self Employed (includes own business, entreprenuer) | Name of Co Having Bus If yes, state | ce (month) : | | | | | | |
| | | Family Memb | ers Informatio | n | | | | |
| Name of Family Member | Relationship | I.C No | o / Age | | Occupa | tion | Income (moi | nth) |
| Total Income of Family I | Member | <u> </u> | | <u> </u> | | | RM | |
| Breakdown of Family Exp | | | | | | | | |
| - Housing rental / loan (| | | | | | | RM | |
| - Car loan (monthly) | | | | | | | | |
| - Transportation + school expenses | | | | | | | | |
| - Food and provisions | | | | | | | | |
| - Utilities | | | | | | | | |
| Total Expenses | | | | | | | RM | |

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| Other Information | | | | | | | | | |
|--|-------------------------------|----------------|-----------------|------------------|--|--|--|--|--|
| Are you receiving any oth | er aids/assistance from other | Organizations/ | / Individuals / | Government? | | | | | |
| No Yes P | lease state from whom : | | | | | | | | |
| А | mount Received : | One Off | Weekly | Monthly Others | | | | | |
| Assistance Required (Please state) | | | | | | | | | |
| Bread of Life Essential Su | upport & Subsidy (BLESS) Ca | tegories: | | | | | | | |
| BLESS Category 1: | Food, Rental & Utilities | | | | | | | | |
| BLESS Category 2: | Medical | | | | | | | | |
| BLESS Category 3: Legal, Financial (Non-Monetary), Care & Prayer | | | | | | | | | |
| BLESS Category 4: Job | | | | | | | | | |
| BLESS Category 5: Bereavement Care | | | | | | | | | |
| (Please provide supporting documents such as Hospital / Doctors Report, Bills etc, where applicable) | | | | | | | | | |
| | | | | | | | | | |
| Applicantle Cignoture | | | | | | | | | |
| Applicant's Signature | | | | | | | | | |
| Verification and Recommendation | | | | | | | | | |
| Church Pastor : | [| | Leader : | | | | | | |
| (Pls state name) | | ─ (Pls state r | iairie) | | | | | | |
| Church Elder : (Pls state name) | [| Please ass | sign me a Life | Group Leader | | | | | |
| | | | | | | | | | |
| Comments : | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Approved by | | | | | | | | | |
| | | | | | | | | | |
| Committee / Name Committee / Name | | | | | | | | | |
| F | or Church Use Only | | Ref No: BL | ESS Assistance # | | | | | |
| Application Date | | Status | | | | | | | |
| Approval Date | | Processed by | , | | | | | | |
| Approved Amount | One Off RM | Monthly I | RM | (Month to Month) | | | | | |
| Applicant's Bank Details | Payable to: | | Date Disbur | sed: | | | | | |
| | Bank Name: Account No: | | | | | | | | |
| | | | | | | | | | |