



**LifeChangers Legacy**  
Chebar Ministries Inc.  
3520 Habersham Club Dr.  
Cumming, GA 30041

**Gwinnett County Grant 3 Application**

Date of Application Submission:

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Name:

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Contact Phone:

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Contact Email:

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Address:

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Address:

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**COVID HARDSHIP:** *Check all that apply.*

- Job Loss (include statement from employer, copy of unemployment)
- Reduced Hours (include statement from employer)
- Health issues directly related to Covid (include doctor notes)
- Childcare needed due to children out of school (include proof from school)
- Other and list in detail with supporting documents included.

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Please include a copy of the Covid Hardship Form on the website completed and signed.

**RENTAL ASSISTANCE:**

Amount Requesting: \$

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Leasing/Apartment Complex Name:

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Leasing Agent/Contact Name:

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Leasing/Apartment Complex Contact Phone Number:

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Attach copies of rental arrears, past due statement, detailed information showing past due amount with name and address to match applicant.

**UTILITY ASSISTANCE:**

Amount Requesting: \$

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Name of Utility Company:

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Account Number:

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Utility Phone Number and website to pay online:

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Any password or code needed to access and pay bill online:

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Attach copies of utility arrears, past due statement, detailed information showing past due amount with name and address to match applicant.