

Faith Presbyterian Church Application for Assistance

Date _____

Name _____ Phone _____

Street Address _____

City, State Zip _____

Home: Own Rent Other _____

Age _____ Employment _____

Single Married Separated Widowed

Spouse's Name _____ Employment _____

Children's Ages _____

Needs: Food Shelter Rent/Mortgage Utilities Medical

Other (explain) _____

Deadline _____ Amount Needed \$ _____

Previously Helped by this Church? Yes No

If so, when and what? _____

Other churches/organizations applied to for this need _____

Home Church _____

Address _____

Pastor _____ Phone _____

Consistent Tither Yes No

How long Member? _____

Doctor's Name _____ Phone _____

Landlord's Name _____ Phone _____

Monthly Average Cost: Mortgage/Rent \$ _____ Auto \$ _____ Gas/Oil \$ _____
Electric \$ _____ Water \$ _____ Phone \$ _____ Medical \$ _____
Other (Explain) _____ \$ _____

If requesting a bill payment, supply the following for each bill (Attach if needed)

Company Name _____ Phone _____
Address _____
Account # _____ Contact Person _____
Total Amount Due \$ _____ Amount Required \$ _____

List Two Family References

Name _____ Phone _____ Occupation _____
Address _____
Name _____ Phone _____ Occupation _____
Address _____

Other Sources Willing to Assist With this Need

Name _____ Phone _____ Amount \$ _____
Name _____ Phone _____ Amount \$ _____
Name _____ Phone _____ Amount \$ _____

Do Not Write Below This Line —For Church Use Only

Date Application Received _____
Information from Community Help Line (Contact Name) _____
 Disapproved — Reason _____
 Approved — Approved by _____
Check Payable to _____ Amount \$ _____
Sent to _____
Address _____
Check # _____ Dated _____ Written By _____