

# 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 \_\_\_\_\_