# applicant’s information

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Address |  |
| Street |  | City/State |  Zip Code |
| Phone |  | Date of Birth |  |
| E-mail |  | Social Security # |  |
| Your Church Name |  | Your District Name |  |

# tell us about your need

|  |
| --- |
| Please check all that apply to your need |
| [ ]  **Death in The Family**[ ]  Spouse[ ]  Child[ ]  Parents[ ]  Other | [ ]  **Natural Catastrophe**[ ]  Fire[ ]  Flood[ ]  Earthquake[ ]  Tornado[ ]  Other  | [ ]  **Emotional Distress**[ ]  Marriage Counseling[ ]  Emotional Rehabilitation[ ]  Drug Addiction Rehabilitation[ ] Other | [ ]  **Displaced Housing**[ ]  Eviction[ ]  Homeless[ ]  Unstable Housing[ ] Other |
| [ ]  **Medical Emergency**[ ]  Surgery[ ]  Accidental Dismemberment[ ]  Other | [ ]  **Other** Please explain in your words the nature of your need | **What is the total amount you are requesting?**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please be informed by you placing an amount it will assist us in the decision process, but it does not guarantee full amount requested will be approved. |
| **To better assist us in forming a decision, please describe any details below relating to the need of this request.**  |
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# about your finances

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|  |
| Did your local church provide financial help? [ ]  YES [ ]  NO (If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Did your local district provide financial help? [ ]  YES [ ]  NO (If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Have you received financial support from friends or Family? [ ]  YES [ ]  NO (If YES, please answer below) |
| Amount of Support | $ |
| Applicant’s Signature |  | Date |

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| --- |
| Pastor Only |
| Pastor’s First Name |  | Pastor’s Last Name |  |
| Pastor’s Address |  |
|  | Street | City/State | Zip Code |
| Phone |  | E-mail |  |
| Church Name  |  |
| Address |  |
|  | Street | City/State |  Zip Code |
| Did the local church provide financial assistance to applicant? [ ]  YES [ ]  NO (If NO, please explain why.) [ ]  Monthly [ ]  One Time  |
| **To better assist us in forming a decision, please describe any details below relating to the need of this request.** **If needed, please attach a separate document.** |
|  |
|  |
|  |
| Pastor’s Signature |  | Date |
| District Bishop only |
| Bishop’s First Name |  | Bishop’s Last Name |  |
| Bishop’s Address |  |
|  | Street | City/State |  Zip Code |
| Phone |  | E-mail |  |
| Did the District provide financial assistance to applicant? [ ]  YES [ ]  NO (If NO, Please explain why below) [ ]  One Time [ ]  Other |
| **Bishop, in order to better assist us in forming a decision, please describe any details below relating to the need of this request.****If needed, please attach a separate document.** |
|  |
|  |
| Bishop’s Signature |  | Date |

# For Office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Bishop Secretary’s First Name |  | Bishop Secretary’s Last Name |  |
| This application has been: | [ ]  Approved [ ]  Denied **If Approved** Amount Approved $\_\_\_\_\_\_\_\_ [ ]  Monthly [ ]  One Time [ ]  Other |
| **If “Other” please comment below:** |
|  |
|  |
| **If Denied please comment:** |
|  |
|  |
| Bishop Secretary’s Signature |  | Date |