# applicant’s information

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| --- | --- | --- | --- |
| 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.** | | | | | | | | |
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|  | | | | | | | | |
| 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.** | | | | | | | | |
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| 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:** | | | | | |
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| **If Denied please comment:** | | | | | |
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|  | | | | | |
| Bishop Secretary’s Signature |  | | | | Date |