



The Apostolic Assembly of the Faith in Christ Jesus

General Assistance Application

All information in this form is protected by the Law of God and the civil authority granted to us. All information is kept confidential.

The Apostolic Assembly of the Faith in Christ Jesus has established the Department of Social Assistance, with a mission to fulfill a Biblical duty as written in Isaiah 1:17 and James 1:27.

Our mission is to:

- Relieve oppression
 - Defend the fatherless
 - Plead for the widows
 - Supplement ministers that reach retirement age without economic resources
- Please complete this application to the best of your ability. Once complete, please submit it in to your Pastor. Your Pastor will review your application and forward it to the district supervising Bishop.
- Include any supporting documentation that may assist us in considering your approval.
- If you need help completing this application, please call (909) 987-3013 during business hours, which are Monday through Friday 8am to 5pm and ask to be directed to Department of Social Assistance.

AGREEMENT

- 1. Supporting documentation must be included with application.**
- 2. All signatures must be present in order to process application.**
- 3. By submitting this application, you authorize The Department of Social Assistance to make inquiries into the need that you are applying for.**
- 4. The Department of Social Assistance will contact you by writing or phone of the decision reached within a reasonable time.**
- 5. Application is subject to approval based on availability of funds.**

This is an official application for General Assistance from the Department of Social Assistance of the Apostolic Assembly of the Faith in Christ Jesus.



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

<input type="checkbox"/> Death in The Family <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parents <input type="checkbox"/> Other	<input type="checkbox"/> Natural Catastrophe <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake <input type="checkbox"/> Tornado <input type="checkbox"/> Other	<input type="checkbox"/> Emotional Distress <input type="checkbox"/> Marriage Counseling <input type="checkbox"/> Emotional Rehabilitation <input type="checkbox"/> Drug Addiction Rehabilitation <input type="checkbox"/> Other	<input type="checkbox"/> Displaced Housing <input type="checkbox"/> Eviction <input type="checkbox"/> Homeless <input type="checkbox"/> Unstable Housing <input type="checkbox"/> Other
<input type="checkbox"/> Medical Emergency <input type="checkbox"/> Surgery <input type="checkbox"/> Accidental Dismemberment <input type="checkbox"/> Other	<input type="checkbox"/> 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.

ABOUT YOUR FINANCES

Did your local church provide financial help? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, how much? _____)	
Did your local district provide financial help? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, how much? _____)	
Have you received financial support from friends or Family? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please answer below)	
Amount of Support	\$ _____
Applicant's Signature	Date



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
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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
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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
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FOR OFFICE USE ONLY

Bishop Secretary's First Name		Bishop Secretary's Last Name	
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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
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