

Ministry of Helps Information Sheet

PLEASE NOTE: THE CHURCH CAN ONLY ASSIST AN INDIVIDUAL ONE TIME
Copies of Identification is required "SS Number & Driver License Number" and verification of Utilities,
Medicine or Housing Bills will also be required for files. Allow one week for church response. Thank you.

Social Security # _____ Spouse's Social Security # _____

Driver License # _____ Spouse's Driver License # _____

Date _____ Own Rent Other _____

Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Birthday _____ Single Married Separated Widowed

Spouse's Name _____ Birthday _____

Spouse's Employment _____

Children's Ages _____

Needs: Food Clothing Medical Housing Utilities

Deadline: _____ Amount Needed: \$ _____

Have you or any member of your family been helped previously by this church? Yes No

What did you receive, and when? _____

Others applied to for this need? _____

How did you hear about our Church? TV Relative Agency Friend

Other (Explain) _____

Please explain the circumstances which brought about this need. _____

Home Church _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Pastor _____ Phone (_____) _____

If applying for medical needs, Doctor's Name _____ Phone _____

If applying for rent or utilities, Landlord's Name _____

Address _____ Phone _____

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

If you are requesting a bill payment, please supply the following information (For more than one bill, please attach the additional information):

Company Name _____ Phone (_____) _____
Contact Person _____ Address _____
City _____ State _____ Zip _____
Account # _____ Total Amt. Due \$ _____ Amt. Requested \$ _____

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 in this office _____

Information from Community Help Line (Contact Name) _____

Disapproved — Reason _____

Approved — Approved by _____

Check payable to whom? _____ Amount \$ _____ Check # _____

Send to where? _____

Address _____

City _____ State _____ Zip _____

Date paid _____ Written by _____

Attach any additional comments