



APPLICATION FOR ASSISTANCE

DATE OF APPLICATION _____

MEMBER Date United with Macedonia _____.

TYPE OF ASSISTANCE REQUESTING: MORTGAGE RENT UTILITIES; AMOUNT _____

IF NOT LISTED WHAT IS THE NATURE OF YOUR REQUEST? _____.

WHY ARE THE FUNDS NEEDED. _____

NAME: _____ SSN: (last four) _____.

ADDRESS: _____ PHONE #: _____.

CITY: _____ STATE: _____ ZIP: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HAVE YOU RECEIVED ASSISTANCE FROM MACEDONIA WITHIN THE PAST YEAR? __ YES __ NO

2. HAVE YOU CONTACTED OTHER AGENCIES FOR ASSISTANCE? __ YES __ NO

(If yes, what agency(s) did you contact and how much did you receive? _____
_____.

3. ARE YOU CURRENTLY MARRIED? __ YES __ NO

(If married, list spouse's name _____

4. ARE YOU CURRENTLY EMPLOYED? __ YES __ NO

5. LENGTH OF EMPLOYMENT. _____

6. IS ANYONE ELSE LIVING IN YOUR HOUSEHOLD? __ YES __ NO

(If yes, how many? Adults _____ Children (under 18) _____

7. WILL YOU BE ABLE TO PAY YOUR BILL NEXT MONTH? __ YES __ NO

FINANCIAL INFORMATION:

TOTAL MONTHLY INCOME \$ _____

OTHER SOURCE OF INCOME: AFDC \$ _____ FOOD STAMPS \$ _____

SOC. SEC (DIS) \$ _____ CHILD SUP. \$ _____ SOC. SEC. \$ _____

UNEMPLOYMENT \$ _____

To ensure a thorough assessment of my request for assistance, I give Macedonia Baptist Church permission to contact the various utility companies or mortgage/rental agencies to obtain relevant information concerning my case.

(Signature of Client)

(Date)

Please remember that our church is not a government agency. All available resources are a result of direct donations of our congregation.

COMMITTEE USE ONLY:

Recommend Approval/Disapproval:

Approval Amount If Applicable \$ _____ Check Made Payable to: _____

Other recommendations for resolution of problem _____
