

# MINISTRY OF HELPS INFORMATION SHEET

Application Date \_\_\_\_\_ Driver License Number \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Age \_\_\_\_\_ ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widow

Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

## **A. List all persons in household relationship to you, and age**

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

**Your Need:**

( ) Food ( ) Clothing ( ) Shelter ( ) Rent/Mortgage ( ) Utilities ( ) Transient

Other (explain)

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Need Check By \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Needed: \$ \_\_\_\_\_

Others applied to for this need: ( ) Relatives ( ) Friends ( ) Job ( ) Agency

How did you hear about this church ( ) Friend \_\_\_\_ ( ) Other \_\_\_\_\_

Please explain the circumstances which brought about this need

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Home Church \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Church Address \_\_\_\_\_

***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 Number \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Amount Required \$ \_\_\_\_\_

**Other sources willing to assist with this need:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Amount \$ \_\_\_\_\_

The undersigned understands that any assistance from Greater Waltown United Holy Church Inc. will be given based upon the truthfulness as well as verification that an emergency and/or need exist. That all payments will be made payable directly to agency/person whom it is due.

\_\_\_\_\_ **Do Not Write Below This** \_\_\_\_\_

**For Church Use Only**

Date Application Received in this office \_\_\_\_\_

Approved ( ) \_\_\_\_\_

Approved By \_\_\_\_\_

Disapproved ( )

Reason \_\_\_\_\_

Check payable to: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_

Payee Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_