

Ministry Of Helps Information Sheet

Social Security # _____ Spouse's Social Security # _____

Date _____ Own Rent Other _____

Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Age _____ Single Married Separated Widowed

Spouse's Name _____

Spouse's Employment _____

Children's Ages _____

Needs: Food Shelter Rent / Mortgage Utilities Transient Medical Emergencies

Other (Explain) _____

Deadline: _____ Amount Needed: \$ _____

Have you been helped previously by this Church? Yes No

What did you receive? When? _____

Others applied to for this need? _____

How did you hear about this 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 (_____) _____

Doctor's Name _____ Phone (_____) _____

Landlord's Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

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 Amount Due \$ _____ Amount Required \$ _____

LIST TWO FAMILY REFERENCES

Name _____
 Address _____
 City _____ State _____ Zip _____
 Occupation _____ Phone (_____) _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Occupation _____ Phone (_____) _____

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