Application

LOVE THY NEIGHBOR

Financial Assistance Application

Date: _____

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City/State/Zip: _____

Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Widowed

Number of People in Household: _____

Children in Household: _____

Church Affiliation (if any): _____

EMPLOYMENT & INCOME INFORMATION

Employer Name: _____

Occupation: _____

Monthly Household Income: _____

Other Financial Assistance Received:

☐ None

☐ Government Assistance

☐ Family Support

☐ Church Support

☐ Other: _____

TYPE OF ASSISTANCE NEEDED

Please check all that apply:

☐ Medical Bills

☐ Groceries/Food

☐ Rent/Housing

☐ Utilities

☐ Transportation

☐ Prescription Medication

☐ Emergency Expenses

☐ Other: _____

Amount Requested: $_____

EXPLAIN YOUR CURRENT NEED

Please briefly explain your situation and why assistance is needed at this time:

DOCUMENTATION PROVIDED

(Attach copies if available)

☐ Medical Bill

☐ Utility Shutoff Notice

☐ Rent Notice

☐ Prescription Cost

☐ Identification

☐ Other: _____

ADDITIONAL SUPPORT

Are you currently receiving assistance from another organization or church?

☐ Yes

☐ No

If yes, please explain:

PRAYER REQUESTS (OPTIONAL)

Would you like someone from our ministry/church to pray with you?

☐ Yes

☐ No

Prayer Request:

APPLICANT AGREEMENT

I certify that the information provided is true to the best of my knowledge. I understand that submitting this application does not guarantee assistance and that all requests are reviewed based on available funding and ministry guidelines.

Signature: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Reviewed By: _____

Approved:

☐ Yes

☐ No

Amount Approved: $_____

Payment Method:

☐ Direct Vendor Payment

☐ Gift Card

☐ Other: _____

Notes: