



# First Presbyterian Church

## Assistance Application

<i>For Office Use Only</i>
Number _____
Classification _____

Date \_\_\_\_\_

Name	Last 4 digits of SS#		
Address			
City	State	Zip	County
Do you RENT your house or do you OWN it?			
E-mail Address			
Phone: Cell:		Home:	
Age:	Date of birth:	Gender M F	

List any other **adults** living at this address? Do they help with the bills? Yes or No

Name	Relationship to you

List any **children** living at this address?


### Employment History \*

Please list your present and past employment\*

	Place of employment Name & City	Dates of employment	Reason for leaving
You			
Spouse			

List any significant illness, injuries, or handicaps that prevent you and/or your spouse from working: \_\_\_\_\_

If none of the above, are you looking for a job? Yes or No

What is your need today and what specific help are you requesting?		
A. Need (Example: Electricity bill)	B. Provider (Example: Duke Progress)	C. Amount (Example: \$153.85)

What is the situation that has caused you to ask for assistance? \*

If assisted by FPC, how will you pay for next month's bill you are requesting payment for? \*

**Income**

Income Category	Amount
Wages/Salary	
Disability Income	
Food Stamps	
Unemployment	
Workers Comp	
Child Support	
Other Income	
<b>Total Monthly income</b>	

Expense Category	Monthly Payment
Housing	
Electricity	
Water bill	
Cable / Internet	
Phone / Cell Phone	
Car Payment	
Gasoline for Vehicle	
Auto Insurance	
Credit Cards	
Other expenses	
<b>Total Monthly Expenses</b>	

**Assistance by others \***

**Have you been assisted by any other church/agency/organization?**

1. Salvation Army?
2. United Church Ministries?
3. Dept. of Social Services?
4. Other Churches?

Did you bring the following with you?

- Driver's license or photo ID?
- Bill that you want considered for assistance?

I hereby authorize the release of information necessary for this application to First Presbyterian Church so First Presbyterian Church can process my request for assistance.

I certify the information I have stated is true and correct.

**Please note this is a once in a lifetime assistance program if you are approved.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name