

Request for Assistance Application

Date: _____ Applicant's Full Name: _____ Amount You're Requesting: \$ _____

What is your reason for making this request?: _____

Note: Granted requests over \$50 require direct payment to the entity providing you with care. We will not issue funds over \$50 to individuals. All granted requests under \$50 will be issued by check only. We do not handle cash or use any money applications.

If you are granted this request, whom should the check be made payable to: _____

Have you ever applied for assistance with us before? Y/N If yes, when was it?: _____ What was the amount? \$ _____

Home Address: _____

How long have you lived at this address? _____ Phone Number: _____ Is it ok to text you?: Y/N

Email address: _____ Are you employed?: Y/N

If yes, who is your Employer: _____ How long have you work there? _____

What is your average monthly income? \$ _____ Do you have any children?: Y/N If yes, what ages? _____

Do you live with anyone who helps provide financially?: Y/N If yes, how much income do they provide monthly?: \$ _____

Do you have health insurance?: Y/N If yes, is this request something your health insurance may be able to cover?: Y/N

Do you have a primary care physician? Y/N When is the last time you saw them?: _____

Do you receive any assistance from the state such as WIC, TANF, and/or SNAP?: Y/N If yes, which ones?: _____

What is your current living arrangements? Do you?: Rent Own Other: _____

What do you pay each month to live where you are?: \$ _____ What do you pay in utilities each month?: \$ _____

Applicant's Agreement

The funds you are applying for are funds of the White Hall United Methodist Church given by generous donors throughout our community for the purpose of assisting those with paying for mental healthcare. The Committee reviewing your request will prayerfully discern the information provided above. This process typically takes one week from today. By signing below, you affirm that all the answers on this application are correct to the best of your ability, and that, if approved, you commit to spend these funds for the intended purpose you have requested them. Furthermore, by signing below you consent to submit to a background check.

Applicant Signature

Date