

PRINCE OF PEACE LUTHERAN CHURCH

APPLICATION FOR ASSISTANCE *(Please print clearly)*

Date: _____

Name: _____

Address: _____

Best Contact Phone: _____ Email: _____

What is the best time to reach you at? _____ May we leave a message? _____

Are you currently employed? Yes: _____ No: _____

If yes, where? _____ phone for employer: _____

Please list all members of your Household: *(please use back of this document if needed)*.

Name:

Age:

Employment:

1. _____

2. _____

3. _____

4. _____

Reason for Emergency Funds: _____

Have you received funds from Prince of Peace in the past? Yes _____ No _____ if so when? _____

Have you received funds from any other source? Yes _____ No _____

Allow 7 business days to process your request. *(only one request per household)*

We reserve the right to drop anyone from receiving assistance at any time and there is a 6 month period between assistance requests.

Signature of Applicant: _____

Office use only

Request received by: *(Pop Staff)* _____

Date Received: _____ Authorization date: _____

Type of Assistance: ☐ Rent ☐ Utility Amount: _____

Notes: _____ Check No. _____

Pledge sent: _____ Mailed: _____

Id: _____