

## PHUMC Request for Financial Assistance

The Pastor Discretionary fund is available to provide limited financial assistance to residents of our immediate community, (zip code 29707).

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of utility/rental, etc you are seeking assistance for: (No personal checks will be issued and no cash payments)

Company / Landlord: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Why are you unable to pay this bill? \_\_\_\_\_

Are you employed? Yes / No

Name, phone and address of employer/most recent employer:

Do you receive disability assistance? Yes/ No

Which agencies, organizations and churches have you contacted regarding assistance with this bill? \_\_\_\_\_

Name and phone number of case workers: \_\_\_\_\_

Information will be verified.

Do you authorize release of information to Pleasant Hill UMC ? Yes / No

Signature: \_\_\_\_\_

### Office use:

Reviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Payment authorized / declined by Pastor Signature: \_\_\_\_\_