

PRINCE OF PEACE LUTHERAN CHURCH

No: _____

APPLICATION FOR ASSISTANCE (Please print clearly)

Date: _____

Name: _____

Portage Resident: Y N

Address: _____

Best Contact Phone: _____ Email: _____

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

Are you employed? Yes: _____ No: _____ If yes, where? _____

Please list adult members of your Household:

Name:

Age:

Employment:

1. _____

2. _____

Total number of Children under the age of 18 living at home: _____

Check one: ☐ Eviction ☐ Shut off ☐ Behind in Rent ☐ Behind in Utilities ☐ 1st month rent/security deposit

☐ Other: _____ **Amount needed:** _____

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

Have you received funds or pledges from any other source? Yes _____ No _____ How Much: _____

YOU must provide the correct name of whom the check needs to be made out and the correct address for mailing (Failure to do so will delay payment) : _____

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

Type of Assistance: ☐ Rent ☐ Utility Amount: _____ Denied reason: ☐ NSF ☐ Incomplete App ☐ Other: _____

Check No. _____ Authorization date: _____ Notification: _____ Mailed: _____ Excel _____

Notes: _____