

## **New for 2015:**

**Before continuing, please read the following guidelines:**

- 1. We do not pay disconnect fees.**
- 2. You must have a current caseworker, located locally, actively working with you and your situation.**
- 3. Complete the attached application and schedule a meeting with Rev. Crawford:  
[www.meetme.so/crawford](http://www.meetme.so/crawford)  
Or via text (765.421.2832)**
- 4. Without regular active engagement in a local spiritual community, funding will be more limited.**
- 5. We will only help one family unit a year, but there are no set limits on funding.**

**CONGRESS STREET UNITED METHODIST CHURCH**  
**Helping Neighbors Fund Request**

**APPLICATION**

Caseworker's Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Contact Info.: \_\_\_\_\_

In addition to this completed application, please bring with you five of the following items:

- Drivers' License or State Issued Picture I.D.
- Most Current** Bank and/or Savings Account Statement
- Most Current** Pay Stub for each wage earner in our immediate family situation
- Most Current** Itemized Telephone or Cell Phone Bill
- Most Current** Itemized Cable TV Bill
- Most Current** Itemized Credit Card Bill
- Mortgage Statement, Lease or Rent Agreement
- Car loan or Insurance Statement
- AFDC, SSI, and/or Food Stamps Authorization Papers
- If disabled or injured and unable to work, a doctor's statement certifying the same
- Itemized receipts of recent living expenses (already paid)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Names, ages, sex and relationship of everyone currently living with you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are you currently employed?      YES              NO

Briefly describe your employment situation:

Do you have family in the area? (If so, list names and phone numbers.)

**What steps are you currently taking to improve your situation?**

**Your Current Faith Community:** \_\_\_\_\_

**How long have you been involved?** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Leader's Name:** \_\_\_\_\_

**If requesting assistance with a currently due or overdue bill, please give the following information (and include a copy of the most recent invoice/bill):**

**Provider/Company Owed:** \_\_\_\_\_ **Acct. #:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_ **Minimum Amt. Due:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

I understand that Congress Street United Methodist Church will not give cash directly to me. I also confirm that the information provided on this application and supporting documents is accurate to the best of my knowledge and the Pastor or Financial Administrator has my permission to verify any information contained in this application form. I also understand the Pastor may wish to speak with me further upon review of this information.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**  
(notes:)

Date Received \_\_\_\_\_ Received By \_\_\_\_\_