



APPLICATION FOR FINANCIAL ASSISTANCE

Date: _____

Name (First): _____ (Last): _____

Address: _____

Phone: _____ Male/Female

Age: _____ # of Children and ages: _____

PLEASE LIST YOUR SPECIFIC REQUEST

What events lead to your needing assistance? _____

1) Do you live within a 3 mile radius of UPC? Y N

2) How did you get connected to UPC? _____

3) From whom have you received assistance in the last six months?
Family/Friends _____ Churches _____ Agencies _____

Do you regularly attend a church? If so, where: _____
Pastors name: _____

4) Have you been to Samaritan Resource Center (SRC)? Y N

5) Are you employed? Y N If yes, where: _____

6) Are you willing to go to SRC and/or meet a deacon on a Sunday morning? Y N

7) How much do you have to contribute to help with this need? \$ _____

I authorize UPC to verify any information provided and share information with other churches or agencies in order to help have my needs be met.
Signature _____ Date _____

Official Use: Deacon _____ # _____ Rec: _____