



4095 S. 900 W.
Topeka, IN 46571
(260) 593-2979

Application for Financial Assistance

(Please fill out form as completely and neatly as possible)

Today's Date _____

Name _____ Phone _____ Cell _____

Address _____ City, State _____ Zip _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

Spouse's Name _____ Household size _____

No. of children living with you _____ Ages _____

Anyone else living with you? name _____ age _____ Employment _____

Have you or anyone else in your household received assistance from EWC? _____ When? _____

Employment

Your Present (or most recent) Employer _____ How long _____

Address _____ City, State _____ Zip _____

Position _____ Date of lay-off _____ Monthly Household Income \$ _____

Social Security Number _____ Driver License _____ (IRS requires)

Spouse's Present (or most recent) Employer _____ How long _____

Address _____ City, State _____ Zip _____

Position _____ Layed off? _____ Date of lay-off _____

Social Security Number _____ Driver License _____ (IRS requires)

Church Involvement

Do you attend EWC? _____ How long have you attended? _____

Are you involved in a Group or Group Study? (What Study and Who is the Leader?)

Do you have a church home? _____ Church _____ Location _____

Pastor's name: _____

Need/Situation

What is your financial need today and what specific help are you requesting? (Must be specific)

What is the crisis or situation that has caused you to ask for assistance? (Please be specific)

Have you been assisted by any other church/agency/organization? If yes, provide the name and assistance received (including amount) and date received.
