

**GRACE UNITED METHODIST CHURCH**

**Helping Hand Fund Assistance Form**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

How many in family \_\_\_\_\_ Who are they? \_\_\_\_\_

\_\_\_\_\_

What is your need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much do you need? \_\_\_\_\_

Whom to pay and address on where to pay \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Where else did you apply? \_\_\_\_\_

Who referred you to Grace Church? \_\_\_\_\_

\_\_\_\_\_

Income: Work \_\_\_\_\_ (weekly\_\_\_\_ monthly\_\_\_\_) Monthly SSI \_\_\_\_\_

Expenses: Rent \_\_\_\_\_ Gas \_\_\_\_\_ PPL \_\_\_\_\_ Phone \_\_\_\_\_

Auto \_\_\_\_\_ Other \_\_\_\_\_

(Please note: The information provided on this application may be given to other churches in the Lemoyne Ministerium.)

Signature \_\_\_\_\_ Date \_\_\_\_\_