

Davisburg united Methodist Church Application For Assistance

Applicant Information

			Month	Day	Year
Last Name	First Name	M.I.			
Street Address			Apt/Unit #		
City			State	Zip Code	
Home Phone	Work Phone	Cell			
Have you or anyone in your household been assisted previously by Davisburg UMC?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" when was assistance provided?			Month	Day	Year
Was the assistance provided financial?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" For Whom? <input style="width: 100%;" type="text"/>			
Length of time employed	<input style="width: 50px;" type="text"/> Years	<input style="width: 50px;" type="text"/> Months			
Are you a member of a church?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes " which church? <input style="width: 100%;" type="text"/>			

Assessment:

To determine how and/or if we can be of assistance, please complete the following questions:

What is your need today?

What is the crises or situation that has caused you to ask for assistance?

If assisted by Davisburg UMC, how will you handle your expenses next month? (Rent, Utilities, Mortgage, Etc.)

Have you been assisted by any other church, agency or organization?

Yes No

If "Yes" who provided the assistance?

What was the assistance?

If financial what was the amount?

Disclaimer and Signature:

I hereby authorized the release of information to Davisburg United Methodist Church to receive the assistance I am requesting. I further certify the information I have provided is true and correct and that all income have been reported. I understand that Davisburg United Methodist Church may verify the information on this application and any deliberate misrepresentation of information will be subject to denial of assistance or services. I authorize Davisburg United Methodist Church to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify accuracy of information and/or identify additional sources of assistance. I understand that all information will remain as confidential as possible within these entities.

I have read, understand and agree to the policies above regarding the Release Of Information:

Yes No

I have received, read, understand and am in agreement with Davisburg UMC's Benevolence Policy:

Yes No

Applicant
Signature:

Date:

Month	Day	Year

Decisions Made By The Benevolence Committee Are Final And Cannot Be Appealed.

Please Attach additional Sheets If Necessary