



APPLICATION FOR EMERGENCY ASSISTANCE

(Please PRINT clearly and legibly)

Name: _____ Date: _____
Address: _____ Email: _____
Phone# (Home): _____ (Cell): _____ (Work): _____

- 1. Do you have a personal relationship with Jesus Christ? Yes No Not Sure
- 2. Are you a member of a church? Yes No. If yes, name of church _____
- 3. Which best describes your attendance at church? Frequent Sometimes Seldom Never
- 4. Describe your financial situation?
 Short term emergency Short term problem Long term problem
- 5. The total amount of your request is _____
- 6. What is it for? _____
- 7. Who should we make the check payable to? _____
- 8. Are you willing to receive financial counseling? Yes No
- 9. Are you currently employed? Yes No Full-Time Part-Time
Name of Employer _____
- 10. If married, is your spouse employed? Yes No Full-Time Part-Time
Name of Employer _____
- 11. Total number of people in the household: _____
- 12. Total weekly household income: _____
- 13. Briefly, explain your needs and what led you to request assistance. We will be praying for you and providing counsel where needed. _____

Signature _____ If married, spouse signature _____

Office Use Only

Samaritan Ministry Administrator:
Notes/More information needed _____

Approved	Denied	Signatures		Date
_____	_____	_____	Elder	_____
_____	_____	_____	Administrator	_____

Check date _____ Check # _____ Charge Card _____