



Application For Financial Assistance

The Fountain of Praise is **NOT** a government-assisted agency. All available resources are a direct result of donations from our congregation. **Please allow seven (7) working days after applying for our benevolence committee to make their decision.** A representative will contact you to schedule an interview.

The FOUNTAIN of PRAISE

PLEASE PRINT

Date: _____

Name: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Telephone Home: _____ Work: _____

Employer: _____ Salary: \$ _____ Week _____ Month _____

Social Security No: _____ Driver's License No: _____

All answers MUST be complete to determine eligibility. Please write N/A to questions that do not apply to you.

1. Are you a member of The Fountain of Praise? Yes How Long? _____
Are you a consistent financial contributor? Yes No

No, I am not a member.

How were you referred to us? _____

2. Do you attend Church? _____ If so, where? _____
Pastor's name: _____

3. What type of assistance are you requesting? (Please be specific) _____

4. Have you sought assistance at any other churches in this area? _____ If so, where? _____

5. If we are unable to help you what other options do you have? _____

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6. Name and address of closest relative (Specify how related) _____

7. Do they know of your need? _____ If not, why have you not contacted them? _____

8. Are you receiving any aid (financial or otherwise) from a government agency (unemployment insurance, social security, worker's compensation, etc.)? (Specify) _____

9. How many children are in your household? _____ What are their ages? _____

10. Is anyone in your home disabled? No Yes (Relationship to you) _____

11. If unemployed, when and where was the last time you sought employment? _____

12. What family member(s) would benefit from our assistance? (Please list family members) _____

13. Do you have proof of residency, (i.e. Lease Agreement)? _____

14. Is there any other information that you would like to volunteer that may help determine your eligibility?

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FOR OFFICIAL USE ONLY

Approved

Amount: \$ _____

Referrals: _____

Make Check Payable to: _____

Address: _____

City/State/Zip: _____

Check No. _____ Check Date: _____

Denied Reason for Denial? _____

Additional Notes: _____

Interview Date: _____

First

Second

Interviewer's Signature

Date

Interviewer's Signature

Date