

# Ministry Of Helps Information Sheet

Social Security # \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

Date \_\_\_\_\_  Own  Rent  Other \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_  Single  Married  Separated  Widowed

Spouse's Name \_\_\_\_\_

Spouse's Employment \_\_\_\_\_

Children's Ages \_\_\_\_\_

Needs:  Food  Shelter  Rent / Mortgage  Utilities  Transient  Medical Emergencies  
 Other (Explain) \_\_\_\_\_

Deadline: \_\_\_\_\_ Amount Needed: \$ \_\_\_\_\_

Have you been helped previously by this Church?  Yes  No

What did you receive? When? \_\_\_\_\_

Others applied to for this need? \_\_\_\_\_

How did you hear about this Church?  TV  Relative  Agency  Friend

Other (Explain) \_\_\_\_\_

Please explain the circumstances which brought about this need. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Church \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Monthly average cost: Mortgage/Rent \$ \_\_\_\_\_ Auto \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_  
Water \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Gas/Oil \$ \_\_\_\_\_  
Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

If you are requesting a bill payment, please supply the following information (For more than one bill, please attach the additional information):

Company Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_ Amount Required \$ \_\_\_\_\_

**LIST TWO FAMILY REFERENCES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**OTHER SOURCES WILLING TO ASSIST WITH THIS NEED:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Do Not Write Below This Line — For Church Use Only**

Date application received in this office \_\_\_\_\_  
Information from Community Help Line (Contact Name) \_\_\_\_\_  
 Disapproved — Reason \_\_\_\_\_  
 Approved — Approved By \_\_\_\_\_  
Check payable to whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Send to where? \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date paid \_\_\_\_\_ Written by \_\_\_\_\_

*Attach any additional comments*