

Is anyone in the household currently receiving cash, Medicaid, or food stamp benefits? Circle: YES / NO

If YES, who? _____

County & State _____

Are you living within your means? In other words, is your total monthly income enough to pay your household's monthly rent or mortgage and utilities (electricity, gas, & water) Circle: YES /NO

If no, please give a description of your plan to ensure your income is enough to support yourself/household? _____

What type of help do you need today? _____

Demonstrate on the chart below how the bill will be paid in full. You must show that the bill will be paid in full (including all assistance you receive) before we will consider your application.

Organization/Person	Amount paid (by you or on your behalf)	Balance: \$ _____

If your assistance is approved, to whom would the check be made out to? _____

What is your personal responsibility on this debt? (Amount you will pay?) _____

Has it been paid? YES or NO

What is your plan to ensure that you are able to cover your living expenses in the future?

As part of our procedure for processing your assistance application, your personal information may be verified. If you have misrepresented or omitted any facts on this application that pertain to your current financial situation or the debt you are asking for assistance with, your application will automatically be denied.

I give First Presbyterian Church permission to verify any and all information I have voluntarily provided on this form for the principle purpose of requesting financial assistance. I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application will be denied. I also understand that application completion is not a guarantee of assistance.

Signature	Date
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