

ALPHA MINISTRIES COMMUNITY CHURCH

P.O. BOX 4103

GREENSBURG, PA 15601

JOSEPH MINISTRY

REQUEST FOR FINANCIAL ASSISTANCE

A. FAMILY HISTORY

Circle: Mr. Mrs. Ms. Child

Name: _____

Address: _____

City: _____ PA, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Date of Birth: _____

Social Security #: _____

Marital Status: ___ Single ___ Married
 ___ Separated ___ Divorced ___ Widowed

Please list names and ages of any dependent children
and/or household occupants:

B. SOURCE OF FAMILY INCOME

EMPLOYER:

Name, Address and Telephone Number:

Wage/Salary (average monthly) \$ _____

If married, is your spouse employed? _____

Name, Address and Telephone Number of Employer:

Wage/Salary (average monthly) \$ _____

Income from other wage earners in the household:

Wage/Salary (average monthly) \$ _____

If divorced, with children, do you receive child
support? \$ _____ (monthly)

If spouse is deceased, do you receive any additional
support? \$ _____ (monthly)

Do you receive food stamps or WIC checks? _____

If yes, give average monthly \$ _____

Dept of Public Assistance Card? _____

Case worker name and phone number

Do you receive any additional forms of income not
previously mentioned?

Public Assistance \$ _____

Unemployment \$ _____

Pension/Disability \$ _____

Other \$ _____

SOURCE OF FAMILY INCOME (Con't)

Have you applied to other agencies for financial assistance. *Yes* *No*

If yes, list below:

Agency _____

Address: _____

Contact name: _____

Address: _____

Phone: _____

Do you receive assistance from other sources?

Yes *No*

If yes, list below:

Name _____

Address: _____

Contact name: _____

Address: _____

Phone: _____

C. FAMILY EXPENSES (average monthly)

Rent/Mortgage \$ _____ Food \$ _____ (in addition to food stamps)

Total utilities \$ _____ (electric, gas, oil, phone, water, sewer, refuse)

Prescriptions \$ _____

Doctor Visits/Medical \$ _____

Other \$ _____

D. FINANCIAL ASSISTANCE REQUEST:

What is your financial request?

Briefly explain the circumstances causing you to be in present financial need:

Please List each expense, payee and dollar amount for your request:

Referred by: _____

Phone: _____

I hereby certify that the above information is true and correct. I authorize ALPHA MINISTRIES and the Joseph Ministry support staff to obtain information necessary to verify information given for evaluating this request. I will notify ALPHA MINISTRIES of any changes in the information included in this application.

Applicant's Signature

Date _____