

**APPLICATION FOR FINANCIAL ASSISTANCE
TRINITY MISSIONARY BAPTIST CHURCH**

Please make an effort to avoid last minute requests. Processing time takes 4 to 5 days.

| | | | |
|---|--------------------------|--------------------------|-------------------|
| Date of Request: | | | |
| Last Name: | First Name: | Middle Initial: | |
| Phone: | Alternate Number: | Work Number: | |
| Street Address: | | City: | Zip: |
| Purpose of Financial Assistance: <input type="checkbox"/> Utilities (water, power, etc.) <input type="checkbox"/> Food <input type="checkbox"/> House/Rent <input type="checkbox"/> Medical/Prescription <input type="checkbox"/> Clothing <input type="checkbox"/> Other: | | | |
| PLEASE ATTACH A COPY OF YOUR FINAL NOTICE IF YOU RECEIVED ONE | | | |
| Amount Requested: | Total Amount Due: | Payment Due Date: | |
| Make Check Payable to: | | | |
| When will you be able to reimburse Trinity M. B. Church? <input type="checkbox"/> within 2 months <input type="checkbox"/> within 4 months <input type="checkbox"/> within 6 months | | | |
| Trinity Member? | Yes | No | Deacon or Ward #: |
| List Name, Age, Sex & Relationship of all persons living in the household. | | | |
| Full Name | | Age | Sex |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Amount and Source of Income: | | | |
| Weekly: <input type="checkbox"/> \$200- \$400 <input type="checkbox"/> \$400 - \$600 <input type="checkbox"/> above \$600 | | | |
| Bi-weekly: <input type="checkbox"/> \$200- \$400 <input type="checkbox"/> \$400 - \$600 <input type="checkbox"/> above \$600 | | | |
| Unemployment: | Food Stamps: | AFDC: | |
| SSI: | Alimony: | VA Benefit: | Other: |
| Previous Request: Have you requested financial assistance from Trinity or any other church or organization within the past six months? | | Yes | No |
| Have you been to United Ministries of Sumter County? <i>YES or NO</i> If yes, and they were not able to help you, provide us with a letter from them stating the reason they couldn't assist you. | | | |
| <i>I certify the above information is true and accurate to the best of my ability. The above information is not a misrepresentation of my circumstances or myself.</i> | | | |
| Signature: | | | |

Please submit your completed form with a copy of the bill and a picture ID.