

Application for Assistance

In order to request assistance from the St. John Church – Belle Place, this application and assistance profile must be filled out in its entirety. This is a confidential application for review by the Helping Hands Ministry & Pastor only. Additional information may be required to make an appropriate decision.

Applicant Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email _____

Marital Status: _____ Number of Children _____

Spouse's Name : _____

Are you a member of St. John Church? YES NO If no, are you currently a member of a church? YES NO

Are you currently employed? YES NO If yes, where? _____

Are you receiving assistance from any other source (family, churches, unemployment)? YES NO

If yes, explain: _____

Assistance Information

Date Assistance Needed: _____ Total Amount Requested \$ _____

Please give a summary of your need(s):

What event(s) has occurred that has prompted your need of assistance?

Company Name: _____ Account # _____

Name on Account: _____

Additional Information

Please allow us at least one week to meet and discuss how we can best assist you. You will receive a call from one of our staff members informing you of our decision. Should you have any further questions or concerns, you can contact Damonica McKinney, Monday – Thursday between the hours of 9:00am to 1:00pm at 337.229.4337.