

Southminster Presbyterian Church Emergency Fund Request			
Applicant Information		<i>(attach copy of state issued ID if applicable)</i>	
Full Name			
Address			
City		State	
Phone		Zip	
Email		SS# (last 4-digits)	xxx-xx- _ _ _ _
Employment Information			
Current Employer		Position	
Length of Employment		Monthly Income	
Monthly Obligations			
Creditor (ex. DPL, Vectren, credit card, etc.)	Phone Number on Acct	Monthly Payment	
	( ) -		
	( ) -		
	( ) -		
	( ) -		
<i>If more than four creditors, additional information may be added to the back of this document.</i>			
Reason for Request			
Signature*			Date:
Emergency Assistance Fund Committee Decision			
Approved <input type="checkbox"/>	<i>Explanation if Denied:</i>		
Denied <input type="checkbox"/>			
Signature of Pastor			Date:
Signature of Elder			Date:
Signature of Applicant*			Date:

***\*By my signature I state that my request has been presented honestly and that I have received a copy of the Southminster Presbyterian Church Emergency Assistance policy.***