



Date: _____

Apostolic Center

Assistance Application

Good Deeds Ministries

Completion and Submission of this form does not guarantee approval.

1. PERSONAL INFORMATION

Name _____

Spouse's Name _____

Address _____

City, State, Zip _____

Phone: (Home) _____

(Work) _____

Number of Dependants in Household _____

2. CHURCH INFORMATION

☐ Are you a member of Apostolic Center?

Yes ☐ No ☐

If Yes, complete Section 2A

If No, complete Section 2B

2A - How long have you been a member? _____

What ministries are you involved in?

Bus Routes ☐ Choir ☐ Bible Studies ☐ Sunday School ☐ Other _____

List 2 References who are members of FAC

Name _____

Phone _____

Name _____

Phone _____

2B - Where do you presently attend church? _____

Pastor's Name _____ Phone _____

Have you asked your Pastor for assistance? Yes ☐ No ☐

What was your Pastor's response? _____

3. **EMPLOYMENT INFORMATION**

Present Employer _____ Phone _____

Address _____ Supervisor's Name _____

Previous Employer _____ Phone _____

Address _____ Dates of Employment _____

If not working, where have you applied during the last week? _____

If you are not actively seeking employment, why? _____

4. **NATURE OF REQUEST**

Food ☐ Clothing ☐ Other _____

Explain in as much detail as possible, the purpose of your request:

Have you previously received assistance from Apostolic Center? Yes ☐ No ☐

Have you sought assistance from other charities? Yes ☐ No ☐ (If Yes, please list Charities)

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

5. **FINANCIAL INFORMATION**

Monthly Household Income \$ _____
(attach last pay stub or other proof of income)

Own Home ☐ Rent ☐

Monthly Rent/House Note \$ _____

Average Utility Cost \$ _____

6. **REFERENCES** - Other than members of Apostolic Center

Name of nearest relative not living with you

Name _____ Phone _____

- * Attach a copy of a picture I.D. (i.e. Driver's License)
- * Assistance application must be signed by applicant.
- * For your privacy this information shall be kept confidential.
- * Please note there is only a 1 time approval for rent or utilities.

I certify all information supplied herein to be accurate and complete and further state that I lack sufficient resources to meet the need identified under Section 4.

If you have not been notified within 48 hours of the status of your application, regretfully your application was not approved.

Applicant Signature

Download Form and submit to:
sandersrealty6@gmail.com