



## Ministry of Helps Information Form

Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed

Name of Employer \_\_\_\_\_

How long employed? \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouses' Employer \_\_\_\_\_

Child(ren) under 18? \_\_\_\_\_ How many? \_\_\_\_\_

Needs: ☐ Food ☐ Shelter ☐ Rent/Mortgage ☐ Utilities ☐ Transient ☐ Medical Emergencies  
☐ Other (Explain)

\_\_\_\_\_  
\_\_\_\_\_

**Deadline** \_\_\_\_\_

**Amount (\$) Needed** \_\_\_\_\_

Have you been previously helped by this Church? \_\_\_\_\_

What did you receive? When did you receive it? \_\_\_\_\_

What other resources have you contacted for help? \_\_\_\_\_

\_\_\_\_\_

How long have you been a member of this Church? \_\_\_\_\_



Are you a consistent tither of this Church? \_\_\_\_\_

**Medical Help:**

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Rent/Mortgage Help:**

Complex/Landlord's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Utility/Bill Help:**

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_ Total Amount Due (\$) \_\_\_\_\_

Amount Required (\$) \_\_\_\_\_

**\*Please be sure to have the bill available\***

**References**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_



THE  
CITADEL CHURCH  
J A C K S O N V I L L E

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other Sources Willing to Assist with this Need:**

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Amount (\$) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Amount (\$) \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Amount (\$) \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Do Not Write Below This Line- Official Use Only\***

Date of application received in office \_\_\_\_\_

Information from Community Help Line (Contact Name) \_\_\_\_\_

☐ Disapproved- Reason \_\_\_\_\_

☐ Approved- Approved By \_\_\_\_\_

Check payable to whom? \_\_\_\_\_ Amount (\$) \_\_\_\_\_

Check # \_\_\_\_\_ Send to who/where? \_\_\_\_\_

Address \_\_\_\_\_



THE  
CITADEL CHURCH  
J A C K S O N V I L L E

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Paid \_\_\_\_\_ Written By \_\_\_\_\_