

NAPHTALI'S MINISTRY OF HOPE ASSISTANCE APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

EMERGENCY CONTACT (IF APPLICABLE)

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

AREA OF NEEDED ASSISTANCE (PLEASE LIST DETAILS BELOW)

Food/Nutrition:	Clothing:	Furniture:
Tutoring:	Financial:	Home Management Skills:
Gardening:	School Supplies:	Other

CHARACTER REFERENCES (CANNOT BE A RELATIVE)

Name	Address	Phone

CHILDREN IN HOUSEHOLD

Name	Age:	Name	Age:
Name	Age:	Name	Age:
Name	Age:	Name	Age:

SIGNATURE

I authorize the verification of the information provided on this form as to my credit and employment. I will receive a copy of this application.

Signature of applicant:	Date:
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Disclaimer: This application is to be used for Naphtali's MOH data only and will not be shared with third parties, unless requested by law. This application is not a binding agreement between Naphtali's MOH, nor does it guarantee approval of applicants for the assistance program.

NAPHTALI'S MINISTRY OF HOPE ASSISTANCE APPLICATION

APPLICANT INFORMATION (CONT'D)

Name:

CURRENT CONTINUING EDUCATION

School Name:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Degree Program:

Annual Loan:

Annual Grant/Scholarship:

ADDITIONAL COMMENTS (APPLICANT)

ADDITIONAL COMMENTS (NAPHTALI'S MOH USE ONLY)

Authorized Signature:

Date:

Applicant Approved: Yes or No

Start Date:

Reason for Denial: