



ACTS FUND APPLICATION

A. APPLICANT INFORMATION:

Name(s):

Address:

City:

State:

Zip:

Age:

Phone:

Email:

Are you currently employed? Yes:

No:

Name of Employer:

Total Monthly Income: \$

(Include wages, public assistance, social security, child support etc).

If unemployed, how long have you been unemployed?

Single:

Married:

If Married, is your spouse employed? Yes:

No:

How many dependent children are in your household and their ages?

B. REQUEST:

Amount of Request: \$

(up to \$750)

Date of Request:

Has applicant applied or received Acts Fund assistance in the last 12 months? Yes:

No:

Has applicant ever applied or received Acts Fund assistance in the past? Yes:

No:

Is applicant related to anyone at the Church? Yes:

No:

Describe Relationship:

Is applicant interested in serving/volunteering at a future church service/event? Yes:

No:

C. GENERAL INFORMATION:

WHAT SITUATION(S) CREATED THIS NEED? (Explain in detail)



WHAT STEPS HAVE BEEN TAKEN TO MEET THIS FINANCIAL OBLIGATION MOVING FORWARD? (Explain in detail)



WHAT STEPS HAVE BEEN TAKEN TO OBTAIN ADDITIONAL ASSISTANCE?

D. PAYEE INFORMATION:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Amount Due: _____ Account #: _____ Date Due: _____
Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Amount Due: _____ Account #: _____ Date Due: _____

E. PURPOSE:

Mortgage/Rent Utilities Medical Services Vehicle Other

If "Other," please explain:

F. APPLICANT'S SIGNATURE: By signing below, I attest to the fact that I have read the Acts Fund Guidelines and that I fully understand the information being requested from me in this application and that to the best of my knowledge I have provided the Committee accurate and honest answers.

X

Date:



APPLICATION MUST BE FULLY COMPLETED TO BE CONSIDERED!
PLEASE SEND APPLICATION TO:
ACTSFUND@FREEDOMINWORSHIP.ORG

(Office use below)

REQUEST APPROVED: \$

REQUEST DENIED. REASONS FOR DENIAL: (to be completed by committee and provided to secretary)

X _____	Date: _____
Committee Member	
X _____	Date: _____
Committee Member	
X _____	Date: _____
Committee Member	
X _____	Date: _____
Committee Member	
X _____	Date: _____
Committee Member	