



## **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 an employee, officer or board member of 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:

