

Zion Baptist Church Special Pleas Ministry

Eligibility Application

Date: _____

Application #: _____

Applicant Name: _____

Applicant Address: _____

City, State and Zip: _____

Phone (H) _____ (C) _____

Amount Requested: (\$) _____

Purpose of Request: (ex: avoid eviction, avoid disconnection etc.)

Note: If completing application online, please submit a copy of bill or eviction notice to the church office via email to: churchoffice@zionbaptistva.com. Include " ATTN: Special Pleas" in subject line. NOTE: the original copy of the bill/eviction notice must be turned in to church office before a final decision is made.

Reason for Request: (please describe the circumstances/background surrounding the situation requiring assistance:

1. How many children do you have: () How Many live within the Home? ()
2. Please list Name, DOB and Sex of child/children:

Name(s):

DOB:

Sex

3. Do any of the children with you receive SSI benefits? (y/N)_____ Amt: \$_____

4. Do you receive Child Support Payments? (Yes/No) _____ Amt:\$_____

5. Has child support been ordered by the Court? (yes/no) _____

6. What is your total Monthly Income? \$_____

7. Do you receive Food Stamps? (Y/N) _____ Amount: \$_____

8. How do you plan to pay the bill for the following month?

9. What other Agencies have you petitioned for help?

10. Do we have your permission to contact other resources regarding the services provided to you? Yes_____ No _____

11. Have you received assistance from ZBC before? (y/n) _____ When? _____

12. Are you a member of Zion Baptist Church? (Y/N) _____

APPLICANT SIGNATURE:

By signing this application, I affirm that the information presented on this eligibility application is true and to the best of my knowledge, and that no false information is intently provided.

Note: If applicant is completing this application online, then a signature should be affixed to this application at the in-person interview where original documentation, (ex: verification of income, residence, and all other documentation that should be provided.

_____ **Date:** _____