



## Heart Fund Assistance Application

The undersigned hereby applies for the use of the Heart Fund provided by Metolius Friends Community Church located at 575 Hood Ave., Metolius, Oregon, 97741:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of minor age children living with this family: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

What type of assistance are you requesting and why? (Financial assistance, used clothing, food assistance, job training, transportation assistance, fuel, etc...) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much financial assistance do you need and to what agency should the payment be made to? (Assistance is not given to applicants but to agencies, i.e. Landlords, Utility Companies, Hospitals) No cash will be given.

\_\_\_\_\_

\_\_\_\_\_

Have you received Heart Fund Assistance in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If offered literature to help you sharpen your financial skills, would you be interested? \_\_\_\_\_

The Heart Fund consists of donated money to help those in need. Will you try to donate back to the Heart Fund as you can in the future, to bless others in the same way that you have been blessed? \_\_\_\_\_

We may occasionally follow up to see how you're doing. Your information is confidential.

Signature of Applicant: \_\_\_\_\_

PLEASE RETURN OR EMAIL THIS SIGNED FORM TO THE CHURCH OFFICE