



Application for Assistance From the Good Samaritan Fund

Applicant Information

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number(s): Home: _____ Cell: _____

Social Security Number: _____

Driver's License Number: _____ State of Issue: _____

Relationship to the Church:

Member of First Presbyterian Church of Lakeland

Regular attendee of First Presbyterian Church of Lakeland, defined as someone attending services or some other weekly ministry on a regular basis for a minimum of three months. *(If you marked this box, please describe below your participation in the ministries of FPC.)*

Statement of Need

1. What form of assistance are you seeking? *(A copy of bills or invoices related to this need must be attached to this application).*

Financial Food Housing Counsel

Other (Please explain below)

2. What circumstances have created your need?

3. How long do you expect to need assistance?



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Brief Summary of Financial Status

1. What options are available to you for support/assistance from family members?

2. What type of assistance, if any, do you currently receive?

3. What other information would you like to communicate that may help us to better evaluate your situation?
(Please feel free to attach additional sheets or other documentation you think may be helpful.)

4. What steps are you taking to improve your present situation?



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Request for Supporting Documentation

The Associate Pastor for Christian Education and Discipleship in conjunction with the Director of Finance and Administration, under the oversight of the Session, shall have responsibility for overseeing the administration of the Good Samaritan Fund and its disbursements according to the Policy and Guidelines as well as the stewardship and oversight of money donated to the Good Samaritan Fund. Therefore, a reasonable degree of verification of the self-reported financial situation of applicants is necessary. At any time, each person approved to receive assistance from the Good Samaritan Fund may be asked to provide statements showing current financial data, including income, assets and indebtedness while he or she is receiving assistance.

This information, along with the foregoing application, shall be kept in strict confidence by the Director of Finance and Administration, and shall not be released to anyone without the consent of the applicant.

I have read and understand the Good Samaritan Fund Policy and Guidelines and I understand that funds from the Good Samaritan Fund are disbursed in accordance with the Policy and are dependent upon money being available in the Fund.

Signed Name: _____

Printed Name: _____

Date: _____

Record of Action (office use)

Date Application Received: _____

Name of Pastoral Staff: _____

Date and Time Appointment Scheduled: _____ : _____

Action Taken:

- Approved. See below for description.
- Not approved. See below for description.

