



# Application for Assistance from the COVID-19 Relief Fund

## Applicant Information

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

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

City, State, Zip: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Community Neighbor of First Presbyterian Church Living in Polk County

**If community neighbor, you must provide the name of the FPC member below that shared this assistance opportunity with you in order to be eligible.**

\_\_\_\_\_  
\_\_\_\_\_

## Statement of Need

1. What form of assistance are you seeking?

Financial

Food

Housing

Gas

Other (Please explain below)

\_\_\_\_\_  
\_\_\_\_\_

2. What circumstances have created your need?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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 COVID-19 Relief Fund and its disbursements according to the Policy and Guidelines. 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 COVID-19 Relief 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 Associate Pastor for Christian Education & Discipleship.

***I have read and understand the COVID-19 Relief Fund Policy and Guidelines and I understand that funds from the COVID-19 Relief 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_