

CHARLEVOIX MINISTERIAL ASSOCIATION
Emergency Assistance Application Form

Full Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Last 4 SS #: _____ Driver License # _____

Church Affiliation: _____ Pastor's Name: _____

Have you sought help from your church leadership? Yes No Church Phone: _____

Have you sought help from your family? Yes No Do you have extended family in the area? Yes No

Please list family members/persons living with you:

Please explain your emergency need:

Mortgage/Rent _____ Utilities _____ Medical Services _____ Vehicle _____ Other _____

(If other, please name) _____

Explanation of need: _____

What is your work situation? _____

Please list other funding/assistance sources from which you have sought help concerning this need:

Agency: _____ Contact Date: _____ Result: _____

Other Comments/Information:

Applicant's Signature _____

Action Taken: _____ Date _____ Amount _____

To Whom Check Written _____ Other Information _____

CMA Representative's Signature _____