

Sudlersville Charge United Methodist Church  
**SCUMC Pastor's Purse Application**

Date: \_\_\_\_\_

**\*required**

<sup>1</sup>Email is our primary means of communicating with you. If you do not have email, please provide a phone number where you can always be reached

Your Name:*			
Your Address:*			
City:*	County:*	St.:	Zip:*
How long have you lived there? Years:		Months:	<input type="checkbox"/> Rent - <input type="checkbox"/> Own
<sup>1</sup> Email Address:*			
Phone:* Home:		Other:	

**\*Other adults** (anyone over the age of 18) living with you:

Name:	Relationship to you	Date of Birth

<sup>2</sup>Each adult must complete and sign a Release Authorization. Attach release forms to the application.

List all **minors** under 18 living at your address:\*

First/last Name	Sex	Age	Grade	Employer/School	Relationship to Applicant

If more than 4, please provide their information on a separate page.

**Church Affiliation:**

\*Please check the appropriate box.

<input type="checkbox"/> Church Member/Attendee	<input type="checkbox"/> No church affiliation
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Attend another church

Which church do you attend?	Pastor's Name:
Have you applied for assistance there? When?	Did they assist?
Who did you deal with?	Phone Number:

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## Employment history\*

Is anyone in your household unemployed due to disability?
Is anyone in your household receiving disability benefits?

Please list your and your spouse's present employment\*

	Place of Employment	Date Employment Began	Date of Termination
You			
You			
Spouse			
Spouse			

Please list current employers of other adults in your household.\*

Individual's Name	Employer	Date Employment Began	Date Employment Ended

How did you hear about the SCUMC Benevolence Fund?
Who referred you to SCUMC?
Has anyone in your home ever applied for assistance or been helped by SCUMC?
If yes, when? (list dates of assistance in the last 5 years)

### Fund Request:

To determine how and/or if we can assist, please provide the following information.

What is your need today and what specific help are you requesting?*		
A. Need (Example: Electricity)	B. Provider (Example: Delmarva Power)	C. Amount (Example: \$176.00)

**I understand the Pastor's Purse does not pay penalties for late payments.**

Signature: \_\_\_\_\_

What is the crisis or situation that has caused you to ask for assistance?\*

If assisted by SCUMC, how will you pay for next month's rent/utility, etc?\*

**Monthly Household Income\***

You may be asked to verify any and all amounts.

Sources	Recipient	Amount	Documentation	✓
Wages/Salary				
Wages/Salary				
Wages/Salary				
Social Security				
SSI Disability				
VA Disability				
Retirement				
Food Stamps				
Family				
Friends				
Unemployment				
Workers Comp				
Child Support				
Other				
Other				
<b>Total Monthly Income</b>				
	<b>Assets</b>			
Checking Account balance				
Savings Account Balance				
IRA/Retirement Balance				

## Monthly Expense Report

You may be asked to verify any and all amounts.

Expense Category	Monthly Payment*	Current Amount Due*	Percent of income	✓
Rent/Mortgage				
Electric				
Gas				
Water				
Cable/Internet				
Phone/Cell Phone				
Car Payment 1				
Car Payment 2				
Gasoline				
Auto Insurance				
Home Insurance				
Health Insurance				
Groceries				
School Lunches				
Medical				
Child Care				
Child Support				
Consumer Loans: (Balance \$_____)				
Credit Cards: (Balance \$_____)				
Membership Dues: Gym, clubs, etc				
Other Expenses: (Explain)				
<b>Total Monthly Expenses:</b>				

### Assistance by others

Have you been assisted by any other church/agency/organization? Please list all churches, agencies, or organizations you have contacted for assistance. Provide the agency name and the name/phone number of the person you contacted. If you are a member or regular attendee of another church, you must apply there first.

Churches/Agencies/Organizations Contacted\*

Agency	Person Contacted	Phone Number

I hereby authorize the release of information to Sudlersville Charge United Methodist Church to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand SCUMC may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance.

I give permission to SCUMC to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any other deemed necessary to verify application information and or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I UNDERSTAND THAT THE BENEVOLENCE INTERVIEW PROCESS MAY INVOLVE POTENTIALLY UNCOMFORTABLE QUESTIONS AND ANALYSIS OF MY SITUATION AND SPENDING HABITS.

\*I have read, understood, and agree to the policies above regarding the use of my personal information and the potential for discomfort in the Benevolence process.

Signature:\* \_\_\_\_\_ Date:\* \_\_\_\_\_

*A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another  
(John 13:34)*

<i>Office Use only:</i>	
<i>Member Status</i>	
<i>Date of Entry</i>	
<i>Disposition</i>	

## RELEASE AUTHORIZATION

This document contains sensitive information and will be destroyed upon disposition of your application.

**EACH APPLICANT MUST COMPLETE THE FOLLOWING (please use the copy on the next page for your spouse or other adult in the home to complete):**

I. In connection with my Benevolence application, I understand that a report or an investigative background check may be requested that will include information as to my identity, character, personal and financial history, experience, and reasons for termination of past employment. I understand that as directed by Church policy, you may be requesting information from public and private sources about my: workers' compensation, Social Security benefits, driving record, court record, education, financials, and references.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. Applicants are entitled to know if financial assistance is denied because of information obtained by Sudlersville Charge of the UMC from a reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Maryland Department of Labor.

**IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Sudlersville Charge of the United Methodist Church or its agent, to furnish the information described in Section 1.**

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

First Name	Middle:	Last:
Alias (es)		
Home Address:		
City:	State:	Zip
Social Security #		Date of Birth:
Driver License #	State of Issue:	
Name as on License		
Signature:		Date:

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First Name	Middle:	Last:
Alias (es)		
Home Address:		
City:	State:	Zip
Social Security #		Date of Birth:
Driver License #	State of Issue:	
Name as on License		
Signature:		Date: