

Attention:
Read this entire page before filling out the application.
If you do not provide what is needed,
we cannot help you.

SCUMC CANNOT GIVE ANY IMMEDIATE HELP.

Allow up to 1-2 weeks for processing and please understand that we cannot guarantee anything.

WE CANNOT ACCEPT ORIGINAL BILLS

YOU must provide copies.

WE WILL NOT PROCESS AN INCOMPLETE APPLICATION.

Please check to be sure you have completed every page.

It is your responsibility to provide proper documentation. We will not consider anything that is not listed on Page 4 as a “Need.” The amount listed must match exactly the amount on the bill. Do not estimate or round off the amount.

ATTACH CURRENT STATEMENTS AND BILLS

ATTACH COPIES OF REFERRAL LETTERS

PROVIDE THE *EXACT AMOUNT DUE* and the *NAME AND ADDRESS OF THE PAYEE* for every item listed as a need.

Be sure that any ONLINE ACCOUNT PRINTOUTS also have the *amount due* and the *name and address of the payee* clearly printed on them. Otherwise, we will not consider them.

Return this application in person to:

103 North Church Street, Sudlersville Maryland

Between 9am and 1pm Monday – Thursday.

You will be notified of the next step if your application is complete.

Sudlersville Charge United Methodist Church
SCUMC Pastor's Purse Application

Date: _____

***required**

¹Email 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
¹ Email Address:*			
Phone: * Home:		Other:	

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

Name:	Relationship to you	Date of Birth

²Each 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:

¹ 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

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				
Total Monthly Income				
	Assets			
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)				
Total Monthly Expenses:				

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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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.

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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:

Required Items for Processing

Note: Every item listed on this checklist is required to complete a Benevolence Application. Since we cannot accept or process incomplete applications, please take the time and go step by step through this checklist to insure your application is complete. If any item is omitted or is not completed, the application will be considered void, and no assistance will be given.

When completing the Benevolence Application form, make sure that you have provided the following: (Check off each item as you complete it.)

Page 2:

- Provide your current address, including the **county** in which you are living.
- Provide a **current** e-mail address (our primary means of communication). If you have no e-mail, provide a phone number. We will only call one number, so only provide or highlight a number **where you can always be reached**.
- Include the names of all the adults (those 18 years old or older) living at your address, how they are related to you, and answer “yes” or “no” to indicate whether you have attached a **Release Authorization** for each one.
- Acknowledge any applications made or assistance received from SCUMC in the past. Our records go back to 1999, and we do check.
- Indicate your church affiliation. We verify membership and regular attendance in the SCUMC membership database. Complete the section on page 3 (**SCUMC Members/Attendees or Attend other church**) that applies to your church attendance or membership.
- As a matter of biblical protocol, we must have a point of contact at your church to coordinate assistance with them. This is the first section block on Page 3.

Page 3:

- Block 2: List the names of all minors (under 18 years of age) living at the address. If there are none, write “None” in the first row.
- Block 3: Do not leave this section completely blank. If the answer is “no” or “none,” then so state.
- List your and your spouse’s **current and previous** employment. Each space must be filled. If the item does not apply (for example, you haven’t left your current job), then enter NA (not applicable).
- List the current employment for every adult living at the address. If the person is not working, all information should be about the last job they held. If the only adults living at your address are you and your spouse, enter NA on the first line of the block.

Page 4:

- Block 1: Specifically state your need. If a need is stated in column A, then columns B and C must be filled also. We can only assist with need that is requested, current, and documented (bills, invoices, etc.). **You must provide copies (no originals!) of the bills you need help with, and attach them to the application.** By signing the statement, you acknowledge your understanding that we will not pay late fees.

Blocks 2-4: Answer all questions in these blocks. We will not accept applications where any of these questions are not answered.

Page 5:

Provide a current and documented record of all the household income from all sources. Indicate whether you have documentation with a “yes” or “no” in the Documentation column.

Page 6:

The “Current Amount Due” must be documented with the current bill.

The highlighted columns are required. “Percent of income” is provided to assist you in budgeting.

Page 7:

Provide the name and phone number of persons contacted at other churches/charities.

Read and agree to the release of information; sign and date the application form.

Return your completed application in person to the church office. Before you do, make sure you have attached the following documents to the application in this order:

Color photocopy of the driver’s license or other government issued photo ID for every adult living at your address. SCUMC staff will make color photocopies of the IDs for you.

Completed and signed Release Authorization for every adult living at your address.

Photocopies of current (less than 30 days old) bank statements, unemployment or Social Security statements, or pay stubs to verify income for every adult living at your address.

Photocopies of current (less than 15 days old) bills that you want considered.

If you are requesting rent assistance: a photocopy of your lease agreement (first and last pages). We will only pay rent, you are responsible to pay any late fees.