



## **ACTS FUND APPLICATION**

### **A. APPLICANT INFORMATION:**

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check) Name of Employer: \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_ (Include wages, public assistance, social security, child support etc).

If unemployed, how long have you been unemployed? \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ (check) If Married, is your spouse employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check)

How many dependent children are in your household and their ages? \_\_\_\_\_

### **B. REQUEST:**

Amount of Request: \$ \_\_\_\_\_ (up to \$1,000) Date of Request: \_\_\_\_\_

Has applicant applied or received Acts Fund assistance in the last 12 months? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check)

Has applicant ever applied or received Acts Fund assistance in the past? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check)

Is applicant related to an employee, officer or board member of the Church? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check)

Describe Relationship: \_\_\_\_\_

Is applicant interested in serving/volunteering at a future church service/event? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check)

### **C. GENERAL INFORMATION:**

**WHAT SITUATION(S) CREATED THIS NEED?** (Explain in detail. Attach additional pages if necessary)

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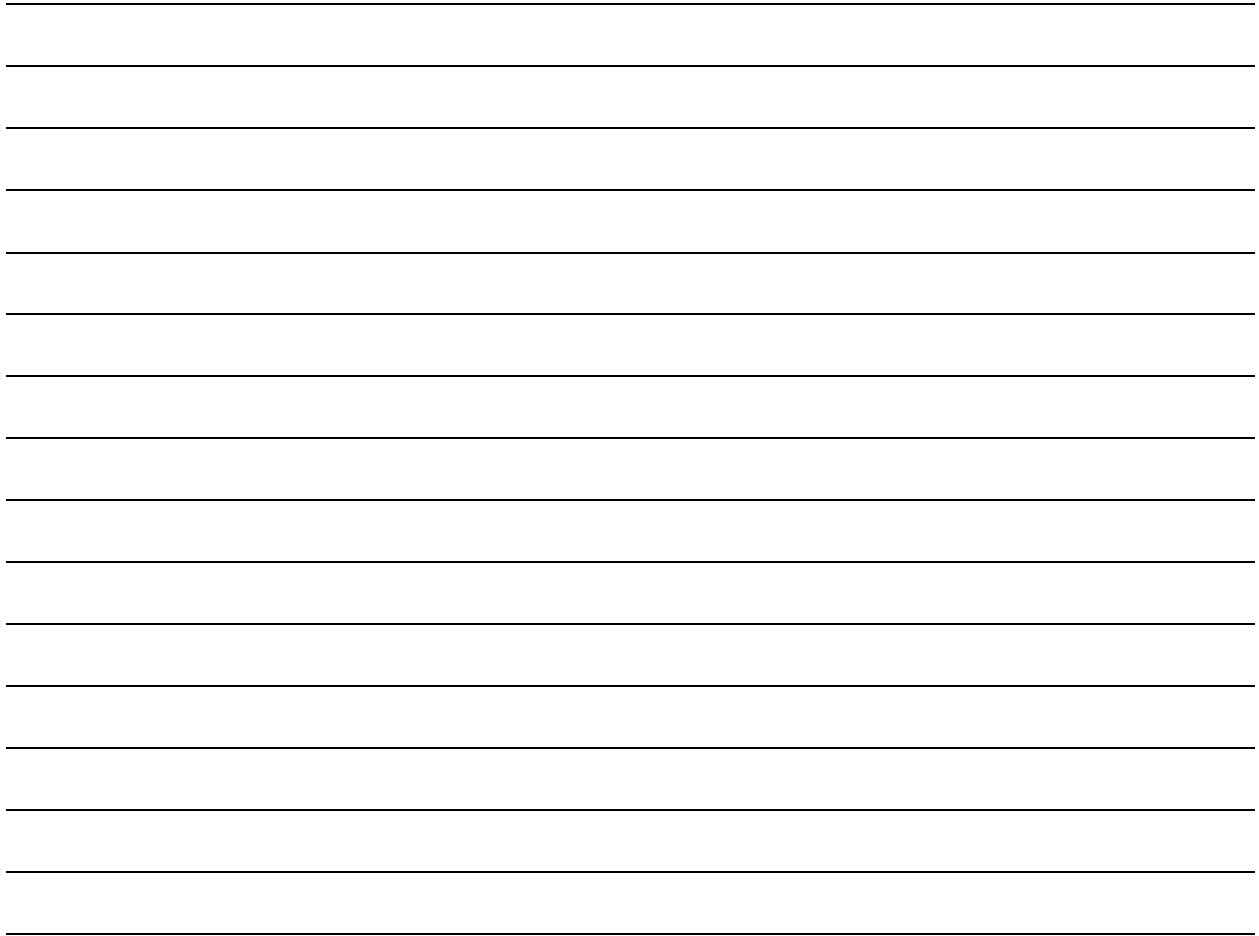
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[illegible]



**WHAT STEPS HAVE BEEN TAKEN TO OBTAIN ADDITIONAL ASSISTANCE?**

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**D. PAYEE INFORMATION:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Account #: \_\_\_\_\_ Date Due: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Account #: \_\_\_\_\_ Date Due: \_\_\_\_\_

**E. PURPOSE:**

Mortgage/Rent\_\_\_\_ Utilities\_\_\_\_ Medical Services\_\_\_\_ Vehicle\_\_\_\_ Other\_\_\_\_ (Check Applicable)

If "Other," please explain: \_\_\_\_\_

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**F. APPLICANT'S SIGNATURE:** By signing below, I attest to the fact that I have read the Acts Fund Guidelines and that I fully understand the information being requested from me in this application and that to the best of my knowledge I have provided the Committee accurate and honest answers.

X \_\_\_\_\_

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

**APPLICATION MUST BE FULLY COMPLETED TO BE CONSIDERED!**



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(Office use)

**REQUEST APPROVED:** \$ \_\_\_\_\_

**REQUEST DENIED. REASONS FOR DENIAL:** (to be completed by committee and provided to secretary)

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X \_\_\_\_\_

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

Committee Member

X \_\_\_\_\_

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

Committee Member

X \_\_\_\_\_

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

Committee Member

X \_\_\_\_\_

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

Committee Member

X \_\_\_\_\_

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

Committee Member