



St. Matthew
United Methodist Church

Financial Assistance Request Form

All applicants may receive a copy of the Financial Assistance Policies and Guidelines.

Request Details

Today's Date: ____ / ____ / ____ Time: ____ : ____ AM / PM

Name of Person(s) Requesting: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone: _____

Type of Need Requested: _____

Reason for Request: _____

Signature of Agreement

My signature below guarantees the information provided above is accurate and true. I understand the financial assistance policies and I also understand that Financial Assistance from this church is a one-time gift and that I cannot reapply for another request for a period of 12 months. I also grant permission to the church to contact the vendor (bill/invoice/ statement sender) in regard to my request.

Signature of Requester: _____

Printed Name of Requester: _____

Date Signed: ____ / ____ / ____

OFFICE USE ONLY

Date Received:
____ / ____ / ____

Approved/Services Provided:

Not-Approved

Initials: _____

Recorded in Master Log

Sent Documentation to Martha

Notes:

**PLEASE DROP OFF IN PERSON DURING OFFICE HOURS
AT 2540 WEST BASELINE RD. MESA, AZ 85202 .**

MUST BE ACCOMPANIED BY A VALID PHOTO STATE IDENTIFICATION CARD/DRIVERS LICENSE AND SUPPORTING TANGIBLE DOCUMENTATION (BILL, INVOICE, STATEMENT).