



First United Methodist Church of Palatine

Covid 19 Application

Note to Applicants

All COVID-19 Financial Assistance funds are earmarked to assist persons who are experiencing urgent financial needs due to unforeseen circumstances brought on by the COVID-19 pandemic. Donations are utilized to assist with these needs, such as rent, utilities, prescriptions, clothing, food, and transportation.

Complete this COVID-19 Financial Assistance Form application in full, giving as much detail as possible.

Submit this form and/or return the form by US mail or by returning it to the church:

First United Methodist Church
123 N. Plum Grove Road
Palatine, IL 60067

If you need more information, call the Church Office at 847-359-1345. Leave a message if necessary. Someone from the COVID-19 Financial Assistance Team will be in touch with you in a short time.

The application will be reviewed and evaluated within two weeks after it has been received. Be assured that all requests will be kept confidential.

COVID-19 Financial Assistance Team
First United Methodist Church of Palatine

Financial assistance from the COVID-19 Financial Assistance Fund is awarded based on financial need due to the COVID-19 pandemic. First United Methodist Church does not discriminate against applicants based on race, color, sex, national origin, age, or disability.

The fund is intended to provide short-term (emergency) assistance, so long as funds are available to ensure that applicants have the basic necessities such as food, clothing, housing, transportation, and medical assistance. The preferred method of providing assistance will be to pay the applicant's needs directly to a business provider. The type of aid that is appropriate depends on the individual's particular needs and available funds.

Covid-19 Financial Assistance Form

Name	Date Submitted
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Address

City	State/Prov.	Postal Code
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Phone	Email
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Housing Information

Rent Live with Family Own Home Live with Friends Other

If other please explain.

Number of Individuals in Household

Are you currently employed?

Yes No

If applicable, is our spouse employed?

Yes No

If applicable, what is/are your job(s)?

Financial Needs Assessment

List your sources of income

What are your debts and expenses?

Briefly explain how the COVID-19 pandemic has caused your current financial needs.

Request for Aid

Why are you requesting Aid?

Total amount of assistance you are requesting.

What will the financial assistance be used for?

How did you learn of the Covid-19 Assistance Fund at First United Methodist Church of Palatine?
