

First United Methodist Church of Palatine

Good Samaritan Assistance Application

Note to Applicants

All Good Samaritan Financial Assistance funds are earmarked to aid persons who are experiencing urgent financial needs due to unforeseen circumstances. Donations are utilized to assist with needs such as rent, utilities, prescriptions, clothing, food and transportation.

Complete this Good Samaritan Financial Assistance Application Form in full, giving as much detail as possible. Submit this form online, by US mail or by bringing 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 Good Samaritan 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.

Good Samaritan Financial Assistance Team
First United Methodist Church of Palatine

Financial aid from the Good Samaritan Financial Assistance Fund is awarded based on financial need due to unforeseen circumstances. First 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 applicants have 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.

Good Samaritan Financial Assistance Form

Name**Date Submitted**

Address

City**State****Postal Code**

Phone**Email**

Housing Information

☐ Rent ☐ Live with Family ☐ Own Home ☐ Live with Friends ☐ Other

Number of Individuals in Household _____

Are you currently 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 what has caused your financial needs.

Request for Aid

Why are you requesting aid?

Total amount of assistance you are requesting:

What will the assistance be used for?

How did you learn of the Good Samaritan Financial Assistance Fund of First United Methodist Church of Palatine?

Remainder of Form to Be Completed by Members of Good Samaritan Financial Assistance Team

Description of assistance, if provided:

Reason for decision:

Date approved or declined _____ Amount granted \$ _____

Disposition of Assistance

Assistance will be funded by direct pay to debtor? ____ Yes ____ No

If yes, debtor: _____

Gift card in the amount of \$ _____ Merchant: _____

Approval and Signatures

I certify that I approve the above decision as a member of the evaluation team.

Signature: _____ Date _____

Signature: _____ Date _____

Signature: _____ Date _____

Signature: _____ Date _____