



**ST. ROCH  
COMMUNITY  
CHURCH**

APPLICATION FOR FINANCIAL ASSISTANCE

Name\* \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

1. How many people in family? Adults \_\_\_\_\_ Children \_\_\_\_\_

2. Are you employed? \_\_\_\_ Yes \_\_\_\_ No If yes, how long? \_\_\_\_\_

3. If yes, who is your employer \_\_\_\_\_

4. If no, what/when was your last job? \_\_\_\_\_

\_\_\_\_\_

5. How did you happen to come to our church for assistance

\_\_\_\_\_

\_\_\_\_\_

6. Do you have family or friends that could help you if they were contacted? Please list their names and phone numbers

\_\_\_\_\_

\_\_\_\_\_

7. Are you a member of a church or parish? \_\_\_\_\_

7.1. Church Name: \_\_\_\_\_

7.2. Pastor's name: \_\_\_\_\_

7.3. Pastor's phone # \_\_\_\_\_

8. Have you tried getting assistance anywhere else? \_\_\_\_ Yes \_\_\_\_ No

If yes, where?

\_\_\_\_\_

9. Have you ever received assistance from St. Roch Community Church?

\_\_\_Yes\_\_\_No

10. If yes, what kind of assistance did you receive?

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11. What kind of assistance do you need now?

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12. Who may we contact to verify the need, or as a reference?

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13. What do you see as the long-term solution to your difficulty? What can you do to help resolve it?

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14. What do you think you need to do so that you will not be in a similar situation next month?

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