



# New Life Assembly of God

## Stephen's Legacy Assistance Application

### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Phone Number \_\_\_\_\_

Names of Individuals Residing with Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Stephen's Legacy? \_\_\_\_\_

### BACKGROUND

Work History \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Church \_\_\_\_\_

### NEED

I am requesting assistance for the following (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Damage to Home         | <input type="checkbox"/> Loss of Household Items |
| <input type="checkbox"/> Rent/Mortgage  | <input type="checkbox"/> Utilities              | <input type="checkbox"/> Medical Assistance      |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other (explain): _____ |  |

Describe the situation requiring assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

**INCOME SUPPORT**

Weekly Income \$ \_\_\_\_\_ Welfare Payments \$ \_\_\_\_\_

Social Security Payments \$ \_\_\_\_\_ Wages \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

Cash on Hand \$ \_\_\_\_\_ Funds in Banks \$ \_\_\_\_\_

Do you own property?  Yes  No

Do you own your home?  Yes  No

**MONTHLY EXPENSES**

Housing (Rent/Mortgage) \$ \_\_\_\_\_ Consumer Loans \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_ Other Utilities \$ \_\_\_\_\_

Car Payments \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_

**OTHER ASSISTANCE**

Have you applied for assistance from other sources?  Yes  No

Please List them: \_\_\_\_\_

**DAMAGE TO HOME - Disaster Relief to Household Items**

Is your home habitable?  Yes  No

Do you have insurance?  Yes  No

Do you need accommodations? If yes, for how long? \_\_\_\_\_

What costs are there for your temporary housing? \_\_\_\_\_

Please specify the damage and/or loss incurred: \_\_\_\_\_

Do you have an estimate for repairs?  Yes  No

Amount \$ \_\_\_\_\_

Please return your completed application to:

**Stephen's Legacy  
New Life Assembly of God  
2136 Baltimore Pike, PO Box 492  
East Berlin, PA 17316**