



3500 South 19th Street
Arlington, Virginia 22204
Office 703.979.7411
Fax 703.685.3658
www.mountzionbaptist.com

MINISTRY OF HELP ASSISTANCE REQUEST

This form may be submitted online or printed and submitted to the Church Office. Upon submitting online, the requester should contact the Church Office at 703-979-7411.

REQUESTER'S INFORMATION

Date of Request: _____

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip Code

Phone # (Daytime): _____ Phone # (Evening): _____

Email Address: _____

Date of Birth: _____ Marital Status: Single Married Separated Widow/Widower

Spouse's Name: _____ Spouse's Date of Birth _____

Dependent Children's Names and Ages (18 years old and under): _____

Employer's Name: _____ Employer's Phone #: _____

Employer's Address: _____
Street City State Zip Code

Spouse's Employer Name: _____ Spouse's Employer Phone #: _____

Have you previously been helped by this church? Yes No

Date that help was received: _____ Type of help that was received: _____
(e.g. financial, food card, etc.)

If financial help was received, indicate the amount: \$ _____

Other agencies/churches applied to for this need? _____

CHURCH'S INFORMATION

Are you a member of Mount Zion Baptist Church? Yes No If yes, how long? _____

Note: If a member of Mount Zion, please do not complete questions below.

Did you apply at your church (if other than Mount Zion Baptist Church)? Yes No

If Yes, what is the status? _____

Name of Your Church: _____

Church Address: _____
Street City State Zip Code

Pastor's Name: _____ Pastor's Phone #: _____

HOW DID YOU HEAR ABOUT MOUNT ZION

Please check the appropriate box below for how you heard about Mount Zion Baptist Church:

Radio Internet Relative Agency Friend Other: _____

REASON FOR NEED

Please explain briefly the circumstances that brought this need about: _____

DESCRIPTION OF NEED

Please check the approximate box below for your areas of need. If applicable for your request, attach a bill.

Need(s): Food Rent/Mortgage Utilities Transient Other, Explain Briefly: _____

ADDITIONAL INFORMATION NEEDED

Please provide the information requested below as related to the box(es) checked in the description of need section above.

Landlord's Information: _____ Phone #: _____

Landlord's Name

Address: _____

Street

City

State

Zip Code

Company Name: _____ Phone #: _____

Contact Person: _____

Address: _____

Street

City

State

Zip Code

Account Number: _____ Deadline Date: _____

Total Amount Due: \$ _____ Amount Required: \$ _____

Requester's Name

Requester's Signature

Date

Additional Comments: _____

ACKNOWLEDGEMENT AND CONSENT CLAUSE

By signing below, I am acknowledging that the information I provided in this application is correct and true as I know it. Additionally, I am giving Mount Zion Baptist Church permission to obtain necessary information to process this application. I understand that in granting permission to obtain information, there is no guarantee of assistance.

Requester's Name (Print Please)

Requester's Signature

Date

***** FOR CHURCH OFFICE USE ONLY - DO NOT WRITE BELOW THE LINE *****

Date Request Received: _____ Received By: _____

Name (Print Please)

Approved Disapproved Reason Disapproved: _____

Date Issued: _____ Check Payee: _____ Amount: \$ _____ Check # _____

Address: _____

Street

City

State

Zip Code