

Note to Applicants

All COVID-19 Financial Assistance funds are earmarked to assist members of the congregation and community who are experiencing urgent financial needs due to unforeseen circumstances. Donations are utilized to assist with these needs, such as: rent, utilities, prescriptions, clothing, food, and transportation.

Enclosed in this envelope you will find:
An Application for Funds

Complete the Application in full, giving as much detail as possible.

Return the form in this envelope either by US Mail or by returning it to the church and leaving it in the US Mailbox on the bench near the parking lot entrance.

If you need more information, call the Church Office at 847-359-1345. Leave a message if necessary. You will get a response from someone on the Financial Assistance Team within a short time.

The application will be reviewed and evaluated within a week after it is received.

Be assured that your request will be kept confidential.

Financial Assistance Team
First United Methodist Church of Palatine

COVID-19 Financial Assistance

Financial Assistance Documentation

Financial assistance is awarded based on financial need. First United Methodist Church of Palatine does not discriminate applicants based on race, color, sex national origin, age or disability.

This 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.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Reason for decision: _____

Description of the assistance, if provided: _____

Date Approved or Declined: _____ Amount Granted: \$ _____

Disposition of Assistance

Request will be funded by direct pay to debtor? YES NO
= = It yes, debtor: _____

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

Approval and Signatures

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

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____