

Pilgrim Rest Benevolence Application

Please note that applicants must complete their applications no later than Tuesday at 4:00 PM and acknowledge that they do so without any guarantee or implied guarantee that Pilgrim Rest will grant the desired request.

Please complete the application in its entirety. Failure to complete the application will result in the rejection of the request.

Please note that the maximum benevolence gift is \$500.00.

In addition, we will not issue a check in the name of any individual under any circumstances.

I read and understand the aforementioned statement. Please initial here. _____

PERSONAL INFORMATION

Name: _____ Date: ____/____/20____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Address: _____ City: _____ Zip Code: _____

Phone Number(s) Home: (____) _____ Work: (____) _____ Cell: (____) _____

ID Type: _____ # _____ Email Address: _____

FINANCIAL INFORMATION

Employment Status: Employed Terminated Laid-off Resigned Disabled

If unemployed, how long: Since ____/____/20____ Reason: _____

If employed, Employer name: _____ Phone : (____) _____

Address: _____ Zip Code: _____ Manager's Name: _____

Income: \$ _____ Weekly/Bi-Weekly/Monthly/Bi-Monthly/Quarterly/Yearly

If married, spouse's name: _____ Spouse's Employer: _____

Phone : (____) _____ Address: _____ Zip Code: _____

Manager's Name: _____ # of children at home: _____ Ages: ____/____/____/____

Who else is working in your home and what is their monthly income?

Name: _____ Relationship: _____ Income: \$ _____

AMOUNT REQUESTED

Have you received previous assistance from PR? Yes No If yes, when? 6 months 12 months

What is the total amount of assistance needed? \$ _____

Please briefly explain why you need assistance: _____
