

Ambu Ministry, Inc.
Benevolence Application

Name _____ DOB _____ Phone _____

Address _____ Apt. _____ City _____ State _____ Zip Code _____

ID #: _____ Type of ID: _____ Email: _____

Gender: M | F Marital Status: _____

Spouse's Name _____ DOB _____ Phone _____

Address _____ Apt. _____ City _____ State _____ Zip Code _____

ID #: _____ Type of ID: _____ Email: _____

How did you hear about Ambu Ministry? _____

Have you received assistance from Ambu Ministry, Inc. in the past? YES | NO

If yes, when? _____ Assistance received? _____

Are you disabled? YES | NO

Assistance Requested

Type of assistance requested. _____

Amount: \$ _____ Purpose: _____

How long will you need help? _____

Briefly describe what events lead to your needing assistance?

Annual Household Income

Income Source: _____ Amount \$ _____

Monthly Household Expenses

Rent / Mortgage \$ _____ Food \$ _____ Utilities \$ _____ Insurance \$ _____

Phone Bill \$ _____ Car Note \$ _____ Child Support \$ _____ Other \$ _____

Applicant Signature

NOTE: By signing below, I attest to the fact that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided Ambu Ministry, Inc. with accurate and honest response.

Applicant Signature

Print Name

Date

FOR OFFICE USE ONLY

Date processed: _____

Signature: _____
Board Member

Signature: _____
Board Member

Comments: Approved / Disapproved