PENN FOREST WORSHIP CENTER

www.pfwc.net   540-772-9482

A Ministry of the Wesleyan Church
Financial Assistance Request Form

PFWC offers assistance to those struggling financially, as and when the PFWC financial state allows. Monetary assistance is granted as a gift, and repayment to PFWC is not expected. However, if you are blessed in the future and choose to repay the gift to PFWC, it will be used to provide assistance to others.

PFWC will not grant assistance for cable, internet, cell phone bills, credit card bills, legal fees. If the funds are to pay a utility bill or rent, checks will be made directly to the creditor.

In order to request financial assistance from PFWC, please complete the below application in its entirety. Failure to provide the requested information will forfeit your eligibility for assistance. Requests will be reviewed with notification occurring via telephone. Please note that approved requests may require two weeks to process.

Assistance eligibility is limited to once every six months. Decisions made by PFWC or its representatives are final.

Date:_____

Name of Person(s) Requesting: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone/Contact Person: _____

Are you a member of Church? ☐ Yes ☐ No

If yes, what church? _____

The total amount of your request is: _____

What is it for? _____

Who should we make the check payable to? _____

Are you currently employed? ☐ Yes ☐ No ☐ Full-Time ☐ Part-Time

Name of Employer _____

If married, is your spouse employed? ☐ Yes ☐ No ☐ Full-Time ☐ Part-Time

Name of Employer _____

Total number of people in the household: _____

Total weekly household income: _____

Briefly, explain your needs and what led you to request assistance. We will be praying for you and providing counsel where needed:

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My signature below guarantees the information provided above is accurate and true. I also understand that financial assistance from this church is a one-time gift and I cannot re-apply for another request for a period of 6-months. All requests must have photo ID.

_____   _____

Signature of Person/Persons Requesting   Date

Office use only

Services Provided? _____   If not provided, reason for declining:

Name: _____