



**PSALM 91 RELIEF FUND APPLICATION**

Date of Application: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Other Household Members (not including unrelated roommates):

# of Adults (18+): \_\_\_\_\_ # of Children (under 18): \_\_\_\_\_ Age Range of Children: \_\_\_\_\_

Are you a caregiver for any adult members of your household?  Yes  No

If so, please indicate their relationship to you:

Parent/Grandparent  Spouse  Other family member  Other: \_\_\_\_\_

Please indicate the source(s) of your household income (check all that apply):

- Full-time employment  Part-time employment  Self-employment
- Government benefits (SSI, Unemployment, SNAP, etc.)  Family support  None

Current Average Monthly Household Income: \$\_\_\_\_\_

*The Psalm 91 Relief Fund is intended to assist those negatively impacted by the COVID-19 public health emergency. Please indicate below the hardship(s) you have experienced as a result of this crisis.*

- Unemployment  Reduction in income  Medical expenses for coronavirus testing and/or treatment
- Unexpected childcare expenses for school-aged children  Other

Briefly, please describe the circumstances leading to this hardship:

## PURPOSE OF REQUEST

Food    Rent/Mortgage    Utilities    Medical    Other: \_\_\_\_\_

Deadline: \_\_\_\_\_ Amount Needed: \$ \_\_\_\_\_

Briefly, please describe how you intend to use the funds:

## BACKGROUND INFORMATION

Are you receiving emergency assistance from any other sources?    Yes    No

If Yes, amount: \$ \_\_\_\_\_

What is your relationship to All Angels Church?: \_\_\_\_\_

If you were referred to All Angels Church from another person or organization, please indicate who referred you:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

## AFFIRMATION

*I affirm that all of the information I have stated is true and correct and that I will use any assistance received for the purpose I have indicated. I understand the Psalm 91 Relief Fund Committee may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.*

*I have read, understand, and agree to the policies above regarding the Psalm 91 Relief Fund.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit this application to:*

*[relief@allangelschurch.com](mailto:relief@allangelschurch.com) or by mail to 251 W. 80<sup>th</sup> Street, New York, NY 10024*