



Financial Assistance Request Form

MPC grants financial assistance to an individual every 6 months up to \$300 toward housing payments or gas/electric/water bills. We can also connect you with other local resources that provide food and other assistance, and financial counseling.

Name(s) _____

Address _____

City/State _____

Phone number _____ Email: _____

Describe the assistance you are asking for _____

Please indicate where MPC could send a check. Include relevant account numbers.

List what type of financial aid you may be receiving from a government agency:

Unemployment Insurance Social Security Worker's Compensation Disability

Other _____

Do you want support enrolling in any of the above? Yes No

Would you be willing to work with a financial budget counselor? Yes No

Signature _____ Date _____

For Church Records

Assistance Amount: _____ Approved on: _____

Check Number: _____ Check Cleared: _____