

**PLEASE CAREFULLY READ THIS PAGE BEFORE COMPLETING THE APPLICATION AND KEEP THIS PAGE FOR YOUR RECORDS.**

Dear Applicant:

You are asking our church to provide you with Emergency Assistance and while we strive to help those in need, assistance is not guaranteed. In order to process your request, we require that you complete the application provided.

If you have questions or need additional information once your application is submitted, call the Diaconate Budget Committee's answering service at (703) 920-7293 ext. 459. Please **DO NOT call the church office regarding the status of your request** as ONLY the members of the Diaconate Budget Committee will have information on the status of your request.

\* Your application must be sealed in an envelope and addressed exactly as stated below:

**Mount Olive Baptist Church  
1601 13<sup>th</sup> Road South  
Arlington, VA 22204  
Attention: Diaconate Budget Committee**

Once a decision is made on your request, you will be contacted by a member of the Diaconate Budget Committee. The church's bank will not accept a check that is deposited electronically. If an attempt is made to deposit a check electronically, the church will not replace it.

\* **NOTE: Incomplete, faxed, or e-mailed applications will NOT be considered. The Mount Olive Office staff is NOT required to make copies of any documents to be submitted with your application.**

Sincerely,

Diaconate Budget Committee

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**Mount Olive Baptist Church**

**1601 South 13<sup>th</sup> Road**

**Arlington, Virginia 22204**

**Emergency Assistance Request Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

CellPhone \_\_\_\_\_

Are you a member of the Mt Olive Baptist Church? Yes\_\_\_ No\_\_\_

How did you learn about the Diaconate Emergency Assistance Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and date of birth of individuals living in your household:

Names

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Are you currently receiving any type of public assistance? Yes\_\_\_ No\_\_\_

Clearly state your reasons for requesting assistance.

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What is the total amount of your request? \_\_\_\_\_

Have you received assistance from the Mt Olive Baptist Church within the last twelve months? Yes\_\_\_\_ No\_\_\_\_

Are you currently employed? Yes\_\_\_\_ No\_\_\_\_

Please state the sources and total amount of your monthly household income.

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Please explain if and how you will be able to maintain your monthly financial household responsibilities if assistance is granted.

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List the name, address and phone number of your landlord.

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Please enclose the following documents and submit your completed application to the Mount Olive Baptist Church Diaconate Budget Committee:

- Copy of your ID with current address.
- Copy of your lease.
- Copy of bills you are asking the committee to assist you with.
- Copy of your sources of monthly income.
- Copy of any documents you feel will assist the committee in making a decision on your request.

**Please note that incomplete applications will not be considered for financial assistance. The Mount Olive office staff is not required to make copies of documents that are being submitted with your application.**

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

Date\_\_\_\_\_