

The 7th Episcopal District

Social Action Relief Fund Application

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PURPOSE

This application is part of the 7th Episcopal District AME Church's Social Action Ministry's commitment to provide financial relief to individuals experiencing hardship due to employment termination.

To qualify for this relief effort, *applicants must have been terminated or laid off from a federal government job or agency during the current presidential administration.* You will be asked to verify this in the application.

SECTION 1: APPLICANT INFORMATION

- Full Name: _____
- Date of Birth: ____ / ____ / ____
- Phone Number: _____
- Email Address: _____
- Street Address: _____
- City: _____ State: _____ ZIP Code: _____
- Preferred Method of Contact: Phone Email Text
- Former Federal Employer: _____
- Date of Termination: ____ / ____ / ____

SECTION 2: DEMOGRAPHIC INFORMATION

(Optional, but helpful for reporting and funding purposes)

- Race/Ethnicity: _____
- Gender: _____
- Household Size: _____
- Number of Dependents: _____

SECTION 3: ELIGIBILITY CRITERIA

Please check all that apply. At least one must be selected to qualify:

- Medical emergency or health crisis
- Death in the immediate family
- Tuition for child(ren) currently enrolled in college or university
- Inability to pay critical bills (utilities, rent, etc.)
- Other unexpected/unforeseen bills

Explanation (if "Other" is selected):

SECTION 4: ASSISTANCE REQUEST

• Type of Assistance Requested:

- Rent/Mortgage
- Utility Bills
- Medical Expenses
- Food/Groceries
- Tuition
- Other: _____

• Total Amount Requested: \$_____

Name of Vendor (i.e., mortgage company, utility company) to whom payment is made directly: _____

SECTION 5: SUPPORTING DOCUMENTATION

Important to Note:

- Please email jld123bishop@yahoo.com and attach all relevant documentation.
- Include in your email your full name as stated on the application; your email address and phone number.
- Incomplete applications may result in delays.

Required (as applicable):

1. **Termination Notice (required for all applicants) **
2. Proof of hardship (e.g., eviction notice, medical bill)
3. Proof of identity (e.g., government-issued ID)
4. Proof of residence (e.g. most recent utility statement/bill)
5. Optional: Letter from clergy, caseworker, or social worker

SECTION 6: PASTORAL ENDORSEMENT

To be completed by the applicant's current pastor:

1. I confirm that the applicant is a current member and the church is aware of their hardship.
2. Entered below is the documentation/description of the support provided by the local church:

Pastor's Name: _____

Signature: _____ Date: ____ / ____ / ____

SECTION 7: ACKNOWLEDGMENT & SIGNATURE

By signing below, I certify that the information provided is true and accurate to the best of my knowledge at the time of this application. I authorize verification/release of the information that I am providing on this application. I understand that disclosure of information on this form is voluntary. I understand that submitting this application does not guarantee assistance and that funds are distributed based on need and availability.

I have been advised that failure to provide the requested information will prohibit/delay the processing of this application. In accordance with applicable laws, The Seventh Episcopal District AME Church will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or an otherwise required by law.

Applicant Signature: _____

Date: ____ / ____ / _____