

St. Matthew Evangelical Lutheran Church, Medina, Ohio
LGL Samaritan Fund
Application for Financial Assistance

Requests received are reviewed at a monthly board meeting. All applications must be received prior to the monthly LGL Samaritan Fund Board of Trustees meeting. Call 330-249-1642 or check the website (www.stmatthewmedina.org) for monthly deadline.

Please fill out the following information as accurately as possible. Return this entire form to the church office at

LGLSF
ST MATTHEW LUTHERAN CHURCH
400 N BROADWAY ST
MEDINA OH 44256,

or email to lglfund@gmail.com.

Applicant Contact Information

Name: _____

Residence Address: _____

Street Address

Apartment or Lot Number

City in Medina County _____ Zip: _____

E-mail _____

Phone: _____ Best time to reach you: _____

Applicant Information

Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

No. of Dependent Children & Ages (no names needed): _____

Employment: Full time _____ Part time _____ Disabled _____ Unemp _____ Retired _____

Name of Employer: _____

What type of government assistance are you receiving? _____

List other sources of income or assistance, such as child support, SSI, SSD, etc.: _____

Need for Assistance (mark all that apply)

Mortgage/Rent _____ Utilities _____ Medical _____ Other* _____

*If other, list here: _____

Please fill out the payee information below. Total amount due may differ from amount requested.

1. Payee Information (e.g., Mortgage Company, Rental Agency, Utility Company)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Account Number: _____

Total Amount Due: _____ Date Due: _____

2. Payee Information (e.g., Mortgage Company, Rental Agency, Utility Company)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Account Number: _____

Total Amount Due: _____ Date Due: _____

Request Specifics

Amount of Request: \$ _____ Date of Request: _____

Please continue on page 3

Explanation of Need: (Please explain in detail.)

General Information:

Are you related to any member or employee of this church? Yes ___ No ___

Have you received financial assistance from this church in the past? Yes ___ No ___

Are you receiving, or have you received, assistance from any other organization, company, or Individual, in the past 12 months? Yes ___ No ___

If so, please name: _____

What steps have been taken in this new situation to obtain assistance from other sources

! _____
Applicant's Signature

_____ Date