

**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](http://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](mailto: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.: \_\_\_\_\_

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**Need for Assistance (mark all that apply)**

Mortgage/Rent \_\_\_\_\_ Utilities \_\_\_\_\_ Medical \_\_\_\_\_ Other\* \_\_\_\_\_

If other list here:

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*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.)**

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**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? If so, please name. Yes \_\_\_ No \_\_\_

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

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

\_\_\_\_\_  
Date