

**West Virginia & East Tenn Council**  
**Request for Crisis Assistance Application**  
(Please answer every question and Print clearly)

Date: \_\_\_\_\_

Church Name: \_\_\_\_\_

Pastor's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone- Home: \_\_\_\_\_ Church: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Total # of Members on Roll: \_\_\_\_\_

Do you attend WV/ETN Council sessions on a consistent basis?      Yes      No

Do you consistently give Tithes/Offerings to the Council?      Yes      No

Have you received financial assistance (grant or loans) from the Council in the past? Yes      No

If yes, please state when and remaining balance owed: \_\_\_\_\_

Have you received or applied for any assistance from any Non-Profit, County, or State Organization?

Yes\_\_\_ No\_\_\_ If yes, please explain:

\_\_\_\_\_

List below the specific assistance needed:

DESCRIPTION OF NEED (Mortgage, Rent, Utilities, Property Insurances)

\_\_\_\_\_

Total amount due \_\_\_\_\_ Total amount requested \_\_\_\_\_

Due Date: \_\_\_\_\_

**Please note - back up documentation will be required.**

**(Please provide the following information for needed provider):**

Company Name \_\_\_\_\_ Phone (    ) \_\_\_\_ - \_\_\_\_\_

Contact person \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE SIGN:

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trustee Member's Signatures:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Check# \_\_\_\_\_ Written to: \_\_\_\_\_