



# Emmanuel Lutheran Church Community Outreach Program

## GRANT APPLICATION INSTRUCTIONS

The Emmanuel Lutheran Church Community Outreach Program is committed to providing financial assistance to individuals impacted by the financial burden due to an illness, addiction, accident, violence or some other event.

- Applicants must reside in Lorain County to be consider for a grant.
- Applicants are only eligible for assistance once in a calendar year ( 12 months).
- This application must be complete. Answer each question or indicate with a N/A if an items does not apply to your situation. Incomplete applications will not be accepted or reviewed and will be returned.
- Doctors report, accident reports, social worker and police reports demonstrating need will increase the chances of obtaining a grant.
- All parties must sign and date the application in all required places or the application will not be processed.
- Please do not staple the application components and do not use the backs of any pages.
- Type and amount of assistance will be determined on a case-by-case basis by the Emmanuel Lutheran Church Community Outreach Committee. Application submission does not assure assistance will be granted.
- The Emmanuel Lutheran Church Community Outreach Committee may only provide financial assistance to qualified individuals based upon a demonstration of need. The information you provide in this application will be used exclusively by the Committee to determine your eligibility for financial assistance. The Emmanuel Lutheran Church Community Outreach Committee will not disclose or release the provided information to third parties without first obtaining your prior written consent.
- Approved applicant will be notified by mail and after proper billing paperwork is received, a one-time aid disbursement will be mailed directly to the third party billing entity.

Applications Postmarked by	Grants Awarded
February 20	March Board Meeting
May 20	June Board Meeting
August 20	September Board Meeting
November 20	December Board Meeting

**Return Application and supporting documents to:**

**Emmanuel Lutheran Church  
Community Outreach Program  
360 Princeton Avenue  
Elyria , OH 44035**



**Emmanuel Lutheran Church  
Committee Outreach**

**CONFIDENTIAL APPLICATION FOR ASSISTANCE**

Applications Postmarked by	Grants Awarded
February 20	March Board Meeting
May 20	June Board Meeting
August 20	September Board Meeting
November 20	December Board Meeting

**Return Application and supporting documents to:  
Emmanuel Lutheran Church  
Community Outreach Program  
360 Princeton Avenue  
Elyria , OH 44035**

Emergency applications for review outside of the Emmanuel Lutheran Church Community Outreach Committee quarterly meetings must demonstrate an immediate need by including copies of any bills, legal notices, estimates, etc.

Please indicate the type of emergency and paperwork included with the application:

- Eviction / Foreclosure - Paperwork included: \_\_\_\_\_
- Utility shut off or disconnect—Paperwork included: \_\_\_\_\_
- Other ( please explain) - \_\_\_\_\_  
\_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Address if different than above: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone- Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race (optional): \_\_\_\_\_

- Marital Status:  Single     Married     Widowed  
 Separated     Divorced     Living with partner

Spouse/Partner's Full Name: \_\_\_\_\_

Children and/or dependents and their relationship to you: Resides with you?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  Yes  No  PT

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  Yes  No  PT

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  Yes  No  PT

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  Yes  No  PT

## Medical Information

Please attach a copy of your complete treatment summary notes from your doctor including diagnosis and current treatment plan, if it will be helpful in evaluating your need.

Doctor's Report Enclosed:  Yes

Treatment Summary Enclosed  Yes

Physician's Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker's Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker's Email: \_\_\_\_\_

Social Worker Notes (if applicable): \_\_\_\_\_

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Referred by: \_\_\_\_\_

### Insurance and Prescription Information: (Should be included if seeking assistance with medical bills)

Type of Health Insurance (Please check all that apply):

- Private health insurance provider (Medical Mutual, Kaiser, etc.)
- Medicare plus Medicaid       Medicaid       Medicaid Pending
- Medicare plus other supplemental coverage       Cobra
- Public Health Insurance       Charity Care
- Disability       VA Program       None
- Other: \_\_\_\_\_

Are your prescription drugs covered?  Yes  No

### Additional Aid and Assistance:

Have you received assistance from the Emmanuel Lutheran Church Community Outreach Program in the past?

Yes  No

If Yes, Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Have you received assistance from any other organizations?  Yes  No

If Yes, what is the name of the organization? \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Do you currently have an application for assistance pending with another organization?  Yes  No

If Yes, what is the name of the organization? \_\_\_\_\_

## Income and Employment Status

**Applicant's** current employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Status:      Full-time      Part-time      FMLA      Unemployed  
               Retired      Disability      Other (please explain): \_\_\_\_\_

Current monthly gross income: \$ \_\_\_\_\_

From (please check all that apply):      Paycheck      Pension      Social Security      Disability  
                                   Unemployment      Alimony      Food Stamps      Other (please explain): \_\_\_\_\_

If currently unemployed, ***please identify previous employer and term of employment and/or explain employment history***  
(ex: stay-at-home mom, laid off in 2010, unable to work because): \_\_\_\_\_

**Spouse/Partner's** current employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Status:      Full-time      Part-time      FMLA      Unemployed  
               Retired      Disability      Other (please explain): \_\_\_\_\_

Current monthly gross income: \$ \_\_\_\_\_

From (please check all that apply):  Paycheck      Pension      Social Security      Disability  
                                   Alimony      Food Stamps      Other (please explain): \_\_\_\_\_

**Additional Person's Employed in the Household's** current employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Status:      Full-time      Part-time      FMLA      Unemployed  
               Retired      Disability      Other (please explain): \_\_\_\_\_

Current monthly gross income: \$ \_\_\_\_\_

From (please check all that apply):  Paycheck      Pension      Social Security      Disability  
                                   Alimony      Food Stamps      Other (please explain): \_\_\_\_\_

Total Gross Monthly Income (from above):                     \$ \_\_\_\_\_

Public or Private Financial Assistance you are receiving:     \$ \_\_\_\_\_

TOTAL HOUSEHOLD INCOME:   \$ \_\_\_\_\_



## Financial Statement and Needs Assessment

Assets:

Total Cash and Non-Retirement Bank Accounts (checking, savings, cds, etc): .....\$ \_\_\_\_\_

Retirement Accounts (include IRA, 401(k), 403(b), pensions and profit sharing)..... \$ \_\_\_\_\_

Investments (stocks, bonds, mutual funds, brokerage accounts, etc.)..... \$ \_\_\_\_\_

Real Estate: Value of Residence ..... \$ \_\_\_\_\_

Value of Rental Property/Vacation Property..... \$ \_\_\_\_\_

Automobiles:..... \$ \_\_\_\_\_

Total Assets:..... \$ \_\_\_\_\_

Debts:

	Monthly Payment	Balance
Mortgage (for your home, excluding taxes and insurance).....	\$ _____	\$ _____
Real Estate Taxes.....	\$ _____	\$ _____
Rent.....	\$ _____	\$ _____
Other loans (personal, home equity, lines of credit).....	\$ _____	\$ _____
Student Loans.....	\$ _____	\$ _____
Auto Loans.....	\$ _____	\$ _____
Credit Card Debt.....	\$ _____	\$ _____
Monthly Utilities (gas, electric, phone, water, sewer, etc.).....	\$ _____	\$ _____
Food .....	\$ _____	\$ _____
Medical Expenses .....	\$ _____	\$ _____
Other Debts and Monthly Expenses .....	\$ _____	\$ _____
Total Debt:.....	\$ _____	\$ _____

Amount that you are requesting \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

If possible include a copy of a bill that you are requesting to be paid.

**I understand that the Emmanuel Lutheran Church Community Outreach Committee will rely upon the truth and accuracy of the above.**

**If this application is not completely filled, the application will not be accepted nor considered for assistance.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_