

Elevation Life Center Assistance Program Parameters and Requirements:

- **Assistance Requests must be submitted by the person in need and returned to the church in person.**
- **Assistance to any requester may be granted once per quarter (every 3 months).**
- **For lease/mortgage assistance, a copy of the lease or mortgage bill must be submitted, and the requestor's name must be listed.**
- **Cell phone bills will not be considered for payment.**
- **Elevation Life Center Member Limit: \$150.00**
- **Household bill limit :\$100.00.**
- **Bereavement limit :\$100.00. Bereavement food requests will be evaluated when an assistance request is submitted and will be based on individual needs.**

Note: When funds are depleted for the month, the assistance program will be closed until the next calendar month begins.



ELEVATION ASSISTANCE APPLICATION
LIFE CENTER

PERSONAL INFORMATION

Date:

First Name

Last Name:

Address

APT #:

City:

State:

Zip:

Phone (Mobile):

Email:

Gender: Male Female

Martial Status: Single Married Separated Divorced Widowed

Are you a Member of Elevation Life Center? Yes No

If no, do you have a church home? Yes No

Church and Pastor Name:

Number of people living in your household?

Are you employed? Yes No

If yes, Employer Name

Total Weekly Income:

REQUEST INFORMATION

Total Amount Requested:

Briefly describe your needs:

Would you like financial counseling?

Signature



ASSISTANCE APPLICATION OFFICE USE ONLY

Date of Request:

Requested Amount:

Approved:

Denied:

Comments:

Approved Amount:

Reviewer Signature:

Assistance Release Date:

Assistance Release Method:

Admin Signature: