

*Salem United Methodist Church  
14955 Somerset  
Council Bluffs, Iowa 51503  
Phone 712-366-1408  
**Money Mentors Ministry Application***

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_

Persons living in household: *(Please list names & ages)*

_____	_____
_____	_____
_____	_____
_____	_____

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employers Phone # (\_\_\_\_) \_\_\_\_\_

***(Proof of Income Required)***

Income (net) \$ \_\_\_\_\_ (Circle) Weekly - BI-Monthly - Monthly

Co-Applicant's Name: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_

Co-Applicant's Employer Address: \_\_\_\_\_

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

Co-Applicant's Employer Phone # (\_\_\_\_) \_\_\_\_\_

***(Proof of Income Required; i.e. A copy of your last pay stub)***

Co-Applicant's Income (net) \$ \_\_\_\_\_ (Circle) Weekly – BI-Monthly - Monthly

What are your needs? \_\_\_\_\_ Food \_\_\_\_\_ Shelter \_\_\_\_\_ Mortgage/ Rent Payment \_\_\_\_\_ Utilities  
\_\_\_\_\_ Medical Emergency \_\_\_\_\_ Budget Assistance

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the church previously helped you? \_\_\_\_\_ No \_\_\_\_\_ If Yes, When? \_\_\_\_\_

Have you applied elsewhere for this need? \_\_\_\_\_ No \_\_\_\_\_ If Yes, Where? \_\_\_\_\_

Are you a Member of Salem UMC? \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you a regular attendee of Salem UMC \_\_\_\_\_ No \_\_\_\_\_ If Yes, Which service do you usually attend? \_\_\_\_\_ 8:00 AM \_\_\_\_\_ 9:30 AM \_\_\_\_\_ 11:00 AM

Name of person who recommended you to the Money Mentors Ministry: \_\_\_\_\_

Monthly Housing Cost: Own \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Mortgage Holder or Landlord Name: \_\_\_\_\_

Mortgage Holder or Landlord address: \_\_\_\_\_

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

Mortgage Holder or Landlord Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

*(If you are requesting assistance with a medical bill)*

Doctors name: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

What is your Regular Necessary monthly payment cost? Mortgage/Rent \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_ Gasoline/Oil \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_

Natural Gas \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_

Other (Explain) \$ \_\_\_\_\_

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*(If you are requesting assistance with other bills please supply the following information. A copy of the last bill or statement must be attached):*

**Bill #1**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Account # \_\_\_\_\_ How far past due? \_\_\_\_\_

Amount past due \$ \_\_\_\_\_

**Bill #2**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Account # \_\_\_\_\_ How far past due? \_\_\_\_\_

Amount past due \$ \_\_\_\_\_



Notes: \_\_\_\_\_

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