Please read below before completing application.

Although we would like to help all who are in need, we can only offer financial aid to clients who have recently experienced an emergency that has caused them to be unable to pay their bills. Financial aid may include assistance with power or water bills and the cost of medications. We cannot help pay rent, mortgage payments or utility deposits. If we have helped you within the past year we cannot help you at this time.

We can only assist one time per year.

Examples of qualifying emergencies include:

•Illness •Hospitalization •Death in the immediate family that caused you financial hardship •Major car repair •Fire •Theft

I you have had such an emergency and can document it with doctor bills, etc. please complete this application. A staff member will be in contact with you after you submit your application. If you have questions, please contact Sabra Slade at sabra@faithworksministry.org

Other organizations that may be able to help you include:

• Coastal Community Action Authority - (912) 261-9071 • Salvation Army - (912) 265-9381 • St. Vincent de Paul (912) 262-6244

Loss of job or a reduction in work hours does not meet our qualifications for assistance unless it is COVID-19 related. If it is COVID-19 related please fill out our COVID-19 Application for Assistance at the link below. https://faithworksministry.org/assistance/

**Basic Information**

First Name:

Last Name:

Address:

Street Address:

Street Address Line 2:

City:

State / Province:

Postal / Zip Code:

Phone Number:

E-mail:

Date of Birth:

Have you received financial assistance from the Sparrow's Nest in the past 12 months?

What type of assistance do you need?

Do we have permission to contact your utility provider or pharmacy on your behalf?

Which circumstance is your assistance need related to?

Please explain your circumstances and why you are in need of assistance.

**Account Details**

Please fill in the information below. (you only need to fill in the information that applies to the type of assistance you are applying for)

**JWSC Water / Sewer account number**

What is the amount due?

Are you on a payment plan?

Is your water disconnected?

**Electricity Provider's Name**

Your Electricity Provider Account Number

Is this a prepay account?

What is the amount due?

Is your power turned off?

**Name of Pharmacy?**

Pharmacy phone number?

Who is the prescription for?

What is the cost of the prescription?

**Employment & Income Information**

Current Employer:

Total monthly income from Job?

How long have you been employer there?

List all monthly benefits and assistance received

Social Security: $

Disability: $

Child Support: $

Alimony: $

Food Stamps: $

WIC: $

Other Assistance: $

I certify that all the above information I have provided is true and correct:

Signature: Date:

**\*\*Please be sure to submit proof of qualifying emergency along with this application\*\***