

**Murrysville Christian Concern Inc. Assistance Program - Application for Help**

1. Name: \_\_\_\_\_ Application Date \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

4. Number in Household: \_\_\_\_\_ Own or Rent \_\_\_\_\_

5. Please list all types of income & employment history for every member of the household for the past two years on the back of this application.

6. Please use the back of this application to describe any major situations you are currently facing.

7. Reason for Financial Request: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Please list the utility company, landlord's name, or other business that is the reason for your request.

\_\_\_\_\_

8. How did you hear about the Friends Thrift Store Assistance Program?

\_\_\_\_\_

9. Please list any other organizations you have contacted for help.

\_\_\_\_\_

All questions on this application must be answered in order for it to be considered for assistance.

Please include a copy of some form of identification with your application.

Please return to: Jack Battenhouse  
113 Colbaugh Drive  
Trafford, PA 15085

**\*\*According to our bylaws we can only help you once a year.\*\***