



**REQUEST FOR FINANCIAL ASSISTANCE
(Please Print)**

Rent/Mortgage Payment Prescriptions Car/Gas Utility Bill Other _____

Amount requested: _____

**Please provide supporting documentation if applicable*

Describe need: _____

Name: _____

Address: _____ **City/State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

.....
Employment:

Are you working? _____, Employer _____, Phone _____

List all income sources (jobs, loans, family, bank accounts, other agencies):

1) _____, \$ _____ 3) _____, \$ _____

2) _____, \$ _____ 4) _____, \$ _____

Total Monthly Income: \$ _____

.....
The above information was given freely and accurately by applicant:

Date: _____

Applicant Signature: _____

Driver's License #: _____ State: _____

This application does not guarantee that assistance will be provided to the applicant.

St. Mary, Star of the Sea Catholic Church

Gloisten Giving Fund

1465 Grand Ave, Astoria, OR 97103 | 503.325.3671 | office@stmaryastoria.com



ADDITIONAL INFORMATION NEEDED

Housing:

Household (Name, Age, and Relationship of people in household)

1) _____, _____, _____

2) _____, _____, _____

3) _____, _____, _____

4) _____, _____, _____

Rent or Mortgage: Amount \$ _____, Date due _____

Landlord, Manager or Lender Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____

Comments about contacting the name listed above: _____

Other:

Date when funds are needed, if applicable: _____

Have you received financial support from us before? _____

Have you received any funding through St. Vincent de Paul? _____

How did you hear about us? _____

Where else have you tried to receive assistance? _____

Have you asked your church for assistance? _____