



Application for Assistance

Date of Application: _____

Please return this completed and signed application to Coming Alongside: A Community Relief within 3 months of the date of application.

Name: _____

Address: _____

Phone Number: _____ Email: _____

Church affiliation: _____

Estimated Annual Income: _____

Type of Assistance Requested: _____

Have you applied to any other organization(s) for help with this need? _____

If yes, please provide name of organization(s): _____

What part of the project are you able to help with? _____

To what extent are you able to help in covering the cost of the project? _____

Personal References:

1. Name: _____

Address: _____

Phone Number: _____

Relationship: _____

2. Name: _____

Address: _____

Phone Number: _____

Relationship: _____

3. Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Signature _____

Please complete, sign and return this application within 3 months to:

Coming Alongside: A Community Relief

PO Box 177

St. Johnsville, NY 13452