

# Fatherless and Widow Fund

## Assistance Application Form

Thank you for your interest in receiving support from the Fatherless and Widow Fund. Our mission is to provide compassionate, practical, and spiritual support to those in genuine need. Please complete this application fully and honestly so we can properly review your request.

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### 1. Personal Information

- Full Name:
  - Date of Birth:
  - Phone Number:
  - Email Address:
  - Current Address:
  - City, State, Zip:
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### 2. Household Information

- Marital Status:
  - Are you a widow/widower? (Yes/No)
  - Are you a single parent? (Yes/No)
  - Number of children in household:
  - Ages of children:
  - Do the children currently live with you? (Yes/No)
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### 3. Financial Situation

- Current Employment Status:
  - Employer Name (if applicable):
  - Monthly Household Income:
  - Other Sources of Income (if any):
  - Monthly Expenses (rent, utilities, food, etc.):
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## 4. Nature of Need

Please clearly describe your current need and why you are requesting assistance:

What type of assistance are you requesting? (Check all that apply) -  Food -  Housing Assistance -  Utility Bills -  Transportation -  Medical Needs -  Child Support Needs -  Other: \_\_\_\_\_

Amount of assistance requested (if applicable):

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## 5. Verification Information

To help us verify and steward resources responsibly, please provide the following:

- Have you received assistance from other organizations? (Yes/No) If yes, please explain:
  - Do you belong to a church or community organization? (Yes/No) If yes, provide name and contact:
  - Please provide one reference (pastor, community leader, employer, etc.): Name: Phone: Relationship:
  - Are you able to provide documentation if requested (bills, income statements, etc.)? (Yes/No)
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## 6. Spiritual & Personal Encouragement (Optional)

Would you like prayer or spiritual encouragement? (Yes/No)

If yes, please share how we can pray for you:

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## 7. Agreement & Signature

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me from receiving assistance.

I also understand that submission of this application does not guarantee assistance, as all requests are reviewed based on need and available resources.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Submission Instructions

Please mail your completed application to:

Minutes of Truth

**Fatherless and Widow Fund**

PO Box 38463 Charlotte, NC 28278

You may also include any supporting documents that will help us better understand your situation.

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“Pure religion and undefiled before God and the Father is this, To visit the fatherless and widows in their affliction...” — James 1:27