

*Memorial AME Zion Church*  
Ministry of Kindness/Poor Stewards Application

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

What is the assistance for? : \_\_\_\_\_

What circumstances created your need?  
\_\_\_\_\_

Are you a member of Memorial AME Zion church? \_\_\_\_\_

How long do you expect to need assistance? \_\_\_\_\_

How much assistance are you requesting? \_\_\_\_\_

Who should the Church make the check(s) payable to? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If married, is your spouse employed? \_\_\_\_\_

Total number of people in your household? \_\_\_\_\_

Total monthly household income? \_\_\_\_\_

If applicable, are you willing to receive financial counseling? \_\_\_\_\_

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

If married, signature of spouse \_\_\_\_\_

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**Ministry of Kindness Committee Use Only**

Committee Chairperson Signature: \_\_\_\_\_ Date \_\_\_\_\_

- Approved
- Modified
- Denied \_\_\_\_\_

Check Written to: \_\_\_\_\_ Check # \_\_\_\_\_ Check Date: \_\_\_\_\_