



APPLICATION FOR GOOD SAMARITAN FINANCIAL ASSISTANCE

APPLICANT INFORMATION

Synod: _____

Name: _____
LAST NAME FIRST NAME MIDDLE NAME SUFFIX TITLE

Portico Member ID: _____ Gender: _____ Birth Date: _____
MM/DD/YYYY

Address: _____
CITY STATE POSTAL CODE

Phone: _____ Email: _____

Employer Name: _____

Address: _____
CITY STATE POSTAL CODE

FAMILY INFORMATION

Marital Status: _____

Spouse's Name: _____ Date of Birth: _____ Date of Marriage: _____
MM/DD/YYYY MM/DD/YYYY

Spouse's Employer Name: _____

Address: _____
CITY STATE POSTAL CODE

Children:

FULL NAME BIRTH DATE: MM/DD/YYYY FULL NAME BIRTH DATE: MM/DD/YYYY

FULL NAME BIRTH DATE: MM/DD/YYYY FULL NAME BIRTH DATE: MM/DD/YYYY

I am requesting _____ payable to: _____

Please summarize your reason(s) for requesting financial assistance

PERSONAL FINANCIAL STATEMENT FOR GOOD SAMARITAN FINANCIAL ASSISTANCE

Name of Applicant: _____ Name of Spouse: _____

Address: _____
CITY STATE POSTAL CODE

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash On Hand In Banks		Short-Term Notes Due To Financial Institutions	
Securities Owned		Short-Term Notes Due To Others	
Life Insurance Cash Value		Credit Accounts And Bills Due	
Mortgages And Contracts Held By You		Insurance Loans	
Homestead Value		Installment Loans And Contracts	
Other Real Estate Value		Mortgages On Home	
Pension, Profit Sharing And Retirement Accounts (Other Than Bop)		Mortgages On Other Realestate	
Automobile (Describe)		Taxes	
Automobile 2 (Describe)		Other Liabilities (Describe)	
Value Of Other Personal Property		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Other Assets (Describe)		Other Liabilities (Describe)	
Asset Total		Liability Total	

ESTIMATED MONTHLY INCOME

SOURCE	APPLICANT	SPOUSE
Salary/Wages		
Social Security		
Personal Annuities		
Rental Income		
Interest/Dividend Income		
Public Aid		
Other Income		
Total		
Income — Grand Total		

ESTIMATED FAMILY MONTHLY EXPENSE

RESIDENCE EXPENSE	AMOUNT	TRANSPORTATION EXPENSE	AMOUNT
House <input type="checkbox"/> Rent <input type="checkbox"/> Own		Car	
House Maintenance		Other	
Utilities		Total Transportation Expense	
Groceries		TAX EXPENSE	AMOUNT
Periodicals <i>(Newspapers & Magazines)</i>		Real Estate	
Telephone		Personal Property	
Total Residence Expense		Total Tax Expense	
INSURANCE EXPENSE	AMOUNT	CLOTHING EXPENSE	
House		OTHER EXPENSES	AMOUNT
Life			
Health			
Car			
Total Insurance Expense			
		Other Expenses Total	
		Expenses — Grand Total	

