



P. O. Box 16833, Missoula, MT 59808-6833 | 406-542-5240 | 406-549-0929 Fax | www.ugmofmissoula.org

Living with Hope

BENEVOLENCE ASSISTANCE APPLICATION

Assistance requests are reviewed at least every Tuesday and Thursday. If you have not been contacted within 4 business days of submitting this form, we were not able to meet your request at this time.

Applicant: _____ Date _____

Coapplicant: _____ Relationship: _____

Street Address _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone (home) _____ (cell) _____ (work) _____

Message Contact: (Person) _____ (Phone) _____

Children's names and ages _____

____ Married ____ Single ____ Divorced ____ Separated

Driver's Lic.# _____ or Photo ID# _____

(NOTE: Some type of ID must be shown when submitting an application for assistance.)

Are you currently working? Yes No (Where?) _____

Are you able to work? Yes No (Why not?) _____

Are you willing to work? Yes No (Why not?) _____

Do you receive Food Stamps? Yes No If yes, amount ? _____ how often? _____

Do you receive Child Support? Yes No If yes, amount ? _____ how often? _____

Do you receive Retirement? Yes No If yes, amount ? _____ how often? _____

Do you receive Disability? Yes No If yes, amount ? _____ how often? _____

Do you receive Social Security? Yes No If yes, amount ? _____ how often? _____

Do you receive ANY other assistance? Yes No If yes, amount ? _____ how often? _____

What other agencies have you contacted for assistance? _____

What is your greatest need at the present time? (Be specific)

List two people we can call who know you fairly well.

Name _____ Phone _____

Name _____ Phone _____

*Union Gospel Mission of Missoula wants to help people know God better. Please answer these questions.
(Your answers in NO WAY hinder your request for assistance.)*

1. What is your church background?

Protestant Jehovah's Witness Muslim
 Roman Catholic Mormon None

2. If you don't have a home church right now, how do you feel about attending churches?

I'm looking for a church.
 I really don't need a church because I worship God wherever I am.
 I'm afraid I don't have the proper clothes to attend.
 Other: _____

3. Do you have a Bible? _____ If so, how often do you read it? Daily Weekly Occasionally

What is your favorite passage? _____

4. If you died today, do you think you'd go to Heaven? Yes No Unsure?

5. If God said, "Why should I let you into My Heaven?" What do you think you could you say?

I've tried to be a good person even though I slip at times like anyone else.
 I'm sincere about what I believe about God so I think I will go to Heaven when I die.
 I don't know the requirements to enter Heaven.
 (Another answer) _____

I give permission to Union Gospel Mission of Missoula staff to contact other agency personnel on my behalf in determining my eligibility for assistance. I also give permission to contact references I have listed on this form.

Signature _____ Date _____

Print and mail your form to P. O. Box 16833, Missoula, MT 59808-6833 or click Send to email

(Office Use Only)

Date	Actions	Staff Initial