



When In Need Application St. Peter Damian Parish

Full Name: _____

Address: _____

Telephone Number: _____ Birth Date: _____

Spouse: _____ Birth Date: _____

Dependents and ages: _____

Current employment (where and weekly pay):
(Self) _____
(Spouse) _____

Assistance being requested (explain in detail): _____

Efforts that you have taken to resolve: _____

All assistance that you and your family are currently receiving: _____

- Provide copies of:
- (1) Driver's license
 - (2) Complete documentation of need (bills, shutoff notice, etc.)
 - (3) Verifiable documentation showing your sources of income

I hereby attest that all of the above information is true, complete, and accurate.

I hereby agree to indemnify and hold harmless the St. Peter Damian Parish, it's Pastor, volunteers, employees, and members from any and all claims, demands, or liability of any kind or nature arising out of, or associated with, my application for assistance from the When In Need ministry.

Applicant signature _____ Date: _____