



St. George's
Episcopal
Church

Application for Assistance
Herndon Trust Fund
St. George's Episcopal Church

The Herndon Trust at St. George's Episcopal Church provides funds for medical expenses of elderly men in the Fredericksburg Community. Please complete the application and financial statement and submit to Parish Administrator Laurel Loch (laurel.loch@stgeorgesepiscopal.net). If possible, please attach a treatment plan with estimated costs to the completed application.

Applicant's Full Name: _____

Address: _____

City: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Age: _____ Marital Status: (*circle one*) Single Married Divorced Separated

Insurance Information: (*circle one*)

Uninsured Private Medicaid Medicare Other

Which applies to you?: (*circle one*)

Member or Attend St. George's Member of or Attend _____ No Church affiliation

Number of individuals in household: _____

List names of Adults and Children in Household:

Name	Age	Name	Age

Emergency Contact:

Name: _____ Relationship: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Briefly explain the need for your request:

What other agencies have you contacted?

What other support have you received?

How did you hear about the Herndon Trust? (*circle one*)

Member of St. George's Member of Another Church Micah Ecumenical Ministries
Social Services Agency _____ Other _____

I, _____ certify that the above information is true and filled out to the best of my knowledge. Furthermore, I give the trustees of Herndon Trust permission to contact and exchange information with and among other agencies as needed in the course of providing assistance.

Signature: _____ Date: _____

Witness: _____ Date: _____

OFFICE USE: *Please Review and Initial:* Parish Administrator: _____ Date: _____

Rector: _____ Date: _____ Date Trustees Received: _____ *Rev. 062020*

Financial Statement
Herndon Trust
St. George's Episcopal Church

Income/Expense as of *(date)*: _____

Income (Monthly)

Salary _____

SSI Income _____

SS Income _____

TANF: _____

Unemployment _____

Spouse/Child Support _____

Section 8 _____

Rental Income _____

Investment Income _____

Other _____

Expenses (Monthly)

Child Support _____

Rent/Mortgages _____

Electric _____

Gas/Propane _____

Water/Sewer _____

Telephone _____

Car Payment _____

Insurance _____

Food _____

Medical Insurance _____

Life Insurance _____

Cable _____

Medical Bills _____

Prescriptions _____

Other _____

I certify the above information to be correct to the best of my knowledge. I further understand that the giving of false information may preclude me from receiving financial assistance.

Signature

Date

OFFICE USE: *Please Review and Initial:* Parish Administrator: _____ Date: _____

Rector: _____ Date: _____ Date Trustees Received: _____ *Rev. 062020*