

Kingwood UMC/SOSS CVA Fund
Application Form

Personal Information:

Name: _____ Marital Status: _____ Gender: _____

Address: _____ City: _____ State: _____

Children: Yes No (Circle one) SSN: _____ (Last 4 Digits) KUMC Member: Yes No (Circle one)

Emails Address: _____ Phone No: _____

Employer and Reference Information:

Name of Employer: _____ How Long? _____

Address of Employer: _____ When Laid Off? _____

Employer Phone No: _____ Supervisor Name: _____

Name of Personal Reference # 1: _____ Phone No: _____

Name of Personal Reference # 2: _____ Phone No: _____

Request for CVA Funds:

Rent/Mortgage: Name of Entity: _____
Entity Address: _____
Name on Account: _____ Account No: _____
Amount: \$ _____ Due Date: _____

Car Payment: Name of Entity: _____
Entity Address: _____
Name on Account: _____ Account No: _____
Amount: \$ _____ Due Date: _____

Utilities/Cell Phone: Name of Entity: _____
Entity Address: _____
Name on Account: _____ Account No: _____
Amount: \$ _____ Due Date: _____

* Note: All request(s) must be: (1) Accompanied by a copy of current bill and; (2) Photo ID

INTERNAL USE ONLY:

Person Reviewing Application: _____ Initial: _____

Date: _____

Supplemental Questions to Funding:

1. Are you being furloughed from your job? Yes No *(Circle One)*

2. Do any of your funding requests have approved deferred payment provisions? Yes No
(Circle One)

3. Have you received aid from any other church, social agency, government agency, non-profit or
business for this CV economic slowdown? Yes No *(Circle One)*

4. Do you have family members available to help you? Yes No *(Circle One)*

5. Do you have savings or funds in reserve to take care of your needs for the next month or two?
Yes No *(Circle One)*

I certify that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature

Date

Notes to Questions:
