

LIFT Mercy Fund Application

COVID-19 Related Emergency Assistance Application



Name:

Email:

Address:

Phone number:

How has your situation been impacted by the COVID-19 pandemic, either directly or indirectly?

- Loss of employment
- Forced isolation due to illness/exposure to illness
- Caring for a family member who is ill
- Caring for school aged children/no access to childcare
- Other

Assistance Requested:

- Housing
- Utilities
- Food
- Financial Assistance
- Other

Please explain what sort of assistance you need.

To what name and address should payment be sent (landlord, utility company, etc.)? Also, please attach copies of any documents (utility bills, apartment invoices, etc.) or send them to liftmercyfund@gmail.com.

When do you need this assistance?

What additional assistance, if any, do you need? Please be as specific as possible including the frequency and urgency.

Signature:

Date:

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