KINGDOM ASSISTANCE APPLICATION

SINCERELY THE DISCIPLINED ONE

IMPORTANT — PLEASE READ:

This is a ministry assistance application provided by **Sincerely The Disciplined One** a faith-based program offering spiritual and practical support. This is NGT a government form or gevernment-funded program.

By signing below you affirm the truthfulness of the information you provide. All are welcome to apply:

1) Applicant information

Full name: ______________________________

Preferred name (if any): ______________________________

Date of birth: ______________ Phone: ______________________

Emall: ______________________________

Preferred contact method: ☐ Phone ☐ Text ☐ Email ☐ Postal mail

2) Address / Household

Street address: ______________________________

City: ______________________ State: ______ ZIP: ______________

Names & relationship of people in household (optional): ______________________

3) Assistance requested (check all that apply)

- ☐ Immediate prayer support
- ☐ One-time emergency financial help (small grant)
- ☐ Food or grocery assistance
- ☐ Help with housing of rent referral
- ☐ Conunertimg case support
- ☐ Long-term case support (ineeting with a care team)
- ☐ Other (brielfy describe): ______________

Estimated assistance needed (amount, items, or services): ______________________

4) Why are you applying? (brief—1–2.sentences)

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5) Eligibility & Accessibility (briet)

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Applicant signature (or digital signature): ________ Date: ______________________

THIS APPLICATION IS NOT ESSENTIAL BECAUSE GOD WILL MEET YOUR NEEDS