



Parishioners-Helping-Parishioners (PHP) Fund
Application
St. Benedict Parish

All information is maintained in **strict confidentiality**. Please fill out the following as completely as possible by providing information or circling the correct answer. Mail or drop off your completed application with requested information to the Parish Office.

Attn: Fr. Steve Sallis 1805 N. 49th Street, Seattle, WA 98103.

SECTION A: Household Information

Name _____

Spouse/Partner's name _____

Home address: _____

Phone: Home: _____ Cell: _____

Work: _____ Spouse/partner's cell: _____

Email: _____

Number & age of children living in the home _____

Number of elders/others living in the home. Please include their ages and relationship to you.

Does your immigrant status limit your ability to work or provide proof of employment?*

Yes No

* Your response to this question will not limit your eligibility for a PHP grant.

SECTION B: Parish Information

How are you part of the St. Benedict Parish community? Please check all that apply. Responses do not impact eligibility.

___ Registered parish member

___ School family

___ Attend Mass weekly

___ Committed to personal spiritual growth

___ Regularly give of Time and Talent

___ Participate in Sunday collections

___ Parish/School staff

___ Other involvement (please describe) _____

The Identity and Personal Information of all Applicants and their families will be held in strict confidence. Information about you and/or your family will not be shared with the Parish Community



SECTION C: Financial Information

Total Monthly Income: \$ _____

Income source (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Employment – You | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Employment – Other(s) in household | <input type="checkbox"/> VA Benefits |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> SSI | <input type="checkbox"/> GAU |
| <input type="checkbox"/> Other (please explain) _____ | |

Other resources used (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> School lunch subsidies |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> St. Vincent de Paul |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Utility Assistance |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Catholic Community Services |
| <input type="checkbox"/> Other (please explain) _____ | |

Monthly Housing Expense (rent or mortgage) \$ _____

SECTION D: Reason for Request

Amount Requested: \$ _____

How will this grant be used? _____

How will it help you and/or your family? _____

Is there anything else you would like us to know? _____

