



Parishioners-Helping-Parishioners (PHP) Fund

Grant 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: Erin Smith, 1805 N. 49th Street, Seattle, WA 98103.

SECTION A: Household Information

Name:

Spouse/Partner's name:

Home address:

Home Phone:

Cell Phone:

Work Phone:

Spouse/partner's cell:

Email:

Number & age of children living in the home:

Number of elders/others living in the home. Please include 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.*

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For Parish Use Only:

File ID #: _____

Date Received: _____

Decision Date: _____

Award: Y N

Award Amount \$ _____

Note: 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.

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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)
-
-

SECTION C: Financial Information

Total Monthly Income: \$ _____

Income source (check all that apply):

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

Other resources used (check all that apply):

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

Monthly Housing Expense (rent or mortgage) \$ _____

Amount Requested: \$ _____

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SECTION D: Reason for Request

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?

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For Parish Use Only:

Date Reviewed: _____

Award: Y N Award Amount \$ _____