

Request Form

Atlanta Friends Meeting Assistance Fund For Members and Attenders

The purpose of the Assistance Fund for Members and Attenders is to provide AFM members and attenders with short-term, emergency financial help. Applicants should be members or regular attenders with the Meeting for a minimum of 6 months and participate in the life of the Meeting.

Give this request form to the Care and Counsel Committee Clerk or point person. Some Care and Counsel members will meet with you to consider your request and determine what type and amount of assistance the Meeting can give you within the limitations of the fund. Care and Counsel may also refer you to other organizations for assistance instead of or in addition to financial assistance from the Meeting as necessary.

Date of Application _____

Name _____ E-mail _____

Cell phone _____ Home phone _____

Address _____

Amount of money needed \$ _____

_____ for a loan (You pay back the money, but with no interest.)

_____ for a grant (You don't need to pay back the money.)

Purpose (How will you use this money? Examples- for a utility bill, for a medical bill, for a MARTA card)

Special Circumstances that make it difficult for you to pay this by yourself

Work Situation (Examples- job loss or fewer work hours than in the past)

Medical Situation (Examples- high medical bills, unable to work due to health problems)

Living Situation (Examples- family problems, need to care for children or sick parent)

When you meet with Care and Counsel members, please...

Bring documentation such as bills to explain your need.

Tell us if you've asked for help from any other people, organizations, or government services and what assistance you are currently receiving

Tell us if you will be able to repay a loan, and the amounts of money and time frame in which you can repay. (We understand that some people may need grants at this time.)