



**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: Deacon Roy Harrington 1805 N. 49th Street, Seattle, WA 98103.**

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**SECTION A: Household Information**

Name

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Spouse/Partner's name

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Home address

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Home Phone

Cell Phone

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Work Phone

Spouse/partner's cell

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Email

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Number & age of children living in the home

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

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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.

***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)
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**SECTION C: Financial Information**

***Total Monthly Income: \$***

Income source (check all that apply):

- Employment - You  Pension
- Employment - Other(s) in household  VA Benefits
- Alimony/Child Support  Unemployment Compensation
- SSI  GAU
- Other (please explain)

Other resources used (check all that apply):

- Medicare  School lunch subsidies
- Medicaid  St. Vincent de Paul
- WIC  Utility Assistance
- Food Bank  Catholic Community Services
- Other (please explain)

***Monthly Housing Expense (rent or mortgage) \$ \_\_\_\_\_***

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**SECTION D: Reason for Request**

**Amount Requested:** \$ \_\_\_\_\_

How will this grant be used?

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How will it help you and/or your family?

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Is there anything else you would like us to know?

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