



SCC OPERATION IMPACT 2020

APPLICATION FORM: Please fill out form completely. Limit - 1 (one) application per household.

Applicant Information

*Full Name: _____ *Date: _____
Last Name, First Name, Middle Initial

*Address: _____
Street Address (Please include Apartment/Unit #)


City, State, and Zip Code

*Cell Phone: _____ *Email: _____

*Employment Status Working Not Working *Full or Part Time Full Time Part Time *Household Head Count: _____
(If Working-Select)

Church Information

*Church Name: _____
*Pastor's Name: _____
*Church Address: _____
(Include City/State/Zip)
*Membership Date: _____

 Applicant's Signature _____

Church Membership Verification

*Pastor's Signature *(required)* _____ Date: _____
Church Clerk _____ Date: _____
-- OR --
Church Treasurer's Signature _____ Date: _____

PRIVACY STATEMENT:

Personal information collected by South-Central Conference of Seventh-day Adventists will only be used for determination of grant award through Operation Impact 2020. The information will not be distributed publicly. All personal and financial information obtained will be kept confidential.

THIS APPLICATION CAN BE SUBMITTED
VIA UPLOAD, EMAIL, FAX OR REGULAR MAIL TO:

Operationimpact2020@scc-sda.org

Operation Impact 2020
715 Youngs Lane; Nashville, TN 37207

Fax: 615-226-9837

HELP LINE: 615-804-2009



Name of Applicant _____

PRIVACY STATEMENT:

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Assistance Type

(Please specify which type of assistance is needed AND attach supporting documentation; such as a mortgage statement or utility bill.)

This information will be kept confidential.

Housing:

MORTGAGE Payment Assistance?

Monthly Amount: \$ _____
of Months Past Due? 1-3 months Current

Housing:

RENT Payment Assistance?

Monthly Amount: \$ _____
of Months Past Due? 1-3 months Current

Utilities:

Electric/Gas or Water Bill Assistance?

Monthly Amount: \$ _____
of Months Past Due? 1-3 months Current

Food/Groceries:

Do you need assistance with Food?

Name of Major Grocery Store in Your City _____

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FOR OFFICE USE ONLY:

COMMITTEE ACTION

Approved Denied

\$ _____ Amount Authorized

Date Received: _____
Date Reviewed: _____
Reviewed By: _____

Date: _____
Action #: _____
Check#: _____
Date Mailed: _____