



THE  
LAZARUS  
FUND

OF PITTSBURGH PRESBYTERY

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The Lazarus Fund is a voluntary commitment on the part of certain Presbyterian churches in the Pittsburgh area. If approved, the maximum award is \$200 and is paid directly to a third party, such as a utility company or landlord. The process may take 4 – 6 weeks.

The process is as follows:

1. An individual telephones the Pittsburgh Presbytery for a referral to a church in his/her area that participates in the Lazarus Fund.
2. A referral letter is mailed to the individual.
3. The individual contacts the church that is noted on the letter to make arrangements for a meeting to complete a Lazarus Fund application. **All Lazarus Fund applications require a face to face interview by a designated member of a Presbyterian church** and the following documentation is required:
  - state-issued photo identification
  - proof of income
  - utility bill or shut-off notice
  - notice of pending or definite eviction from your landlord
  - notice from other referring organizations, for example: the Urban League, Salvation Army, Catholic Charities, St. Vincent DePaul
4. The church forwards the completed application to the Lazarus Fund Committee for review. The committee meets once a month to review applications.
5. Once the Lazarus Fund Committee has made a decision, the referring church is notified.
6. The church will contact the individual about his/her award.

***An application cannot be reviewed without the church's recommendation and all appropriate documentation. All applications must come through a Presbyterian church.***

In Christ's Service  
The Lazarus Fund Committee

Lazarus Fund Application  
Pittsburgh Presbytery

**NOTE: All applicants must be sponsored by the Lazarus Fund Ministry Team of a Presbyterian Church within the Pittsburgh Presbytery. All applications must be accompanied by documentation of need including proof of income, proof of financial obligations and state-issued photo ID.**

Date of application: \_\_\_\_\_ Sponsoring church: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Interviewer phone: \_\_\_\_\_

How did you hear of the Lazarus Fund? \_\_\_\_\_

Have you applied to this fund before?  Yes  No

If answered yes, has it been in the past three years?  Yes  No

**Information about you and your household:**

**Summary of need:**

Name _____		Date of Birth _____	Total financial need: \$ _____ Amount requested from fund (not more than \$200): \$ _____  Reason for need Please check one: <input type="checkbox"/> Utilities <input type="checkbox"/> Housing <input type="checkbox"/> Other  <b>NOTE: Please attach additional page to describe the reason you are applying to the Lazarus Fund</b>
Name of spouse or partner _____		Date of Birth _____	
_____		_____	
_____		_____	
Names of children or other dependents _____		Dates of Birth _____	
_____		_____	
Telephone _____	Alternative Telephone _____		
Your current address			
Number _____	Street _____	Apartment No. _____	
City _____	State _____	Zip _____	
Yrs. at this location _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
<hr/> <b>Please copy state-issued photo ID here</b>			

**Income and expense information:**

<p>What are your <b>MONTHLY</b> sources of income:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">\$</td><td style="width: 90%;">Job*</td></tr> <tr><td>\$</td><td>Unemployment (# of months)</td></tr> <tr><td>\$</td><td>Child support</td></tr> <tr><td>\$</td><td>Public Assistance</td></tr> <tr><td>\$</td><td>Disability</td></tr> <tr><td>\$</td><td>Food Stamps</td></tr> <tr><td>\$</td><td>Social Security</td></tr> <tr><td>\$</td><td>Pension</td></tr> <tr><td>\$</td><td>Investments</td></tr> <tr><td>\$</td><td>Other</td></tr> </table> <p>\$ _____ TOTAL MONTHLY INCOME</p> <p>*Your employer: _____</p> <p>Yrs. employed: _____</p> <p><input type="checkbox"/> Full-time    <input type="checkbox"/> Part-time</p> <p>Job description: _____</p> <p>*Spouses' employer: _____</p>	\$	Job*	\$	Unemployment (# of months)	\$	Child support	\$	Public Assistance	\$	Disability	\$	Food Stamps	\$	Social Security	\$	Pension	\$	Investments	\$	Other	<p>What are your <b>MONTHLY</b> expenses:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">\$</td><td style="width: 90%;">Groceries</td></tr> <tr><td>\$</td><td>Mortgage or rent</td></tr> <tr><td>\$</td><td>Electric</td></tr> <tr><td>\$</td><td>Gas</td></tr> <tr><td>\$</td><td>Water / Sewage</td></tr> <tr><td>\$</td><td>Telephone</td></tr> <tr><td>\$</td><td>Medical Expenses</td></tr> <tr><td>\$</td><td>Clothing</td></tr> <tr><td>\$</td><td>Child Care</td></tr> <tr><td>\$</td><td>Support Payments</td></tr> <tr><td>\$</td><td>Insurances</td></tr> <tr><td>\$</td><td>Transportation</td></tr> <tr><td>\$</td><td>Cable/Internet</td></tr> <tr><td>\$</td><td>Total dept payments*</td></tr> </table> <p style="text-align: center;"><b>*Please specify what type of debt payment, i.e. – credit cards, etc.</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">*Detail of Debt payments / Creditor</th> <th style="text-align: center;">Due Monthly</th> <th style="text-align: center;">Balance Due</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p>\$ _____ TOTAL MONTHLY EXPENSES</p>	\$	Groceries	\$	Mortgage or rent	\$	Electric	\$	Gas	\$	Water / Sewage	\$	Telephone	\$	Medical Expenses	\$	Clothing	\$	Child Care	\$	Support Payments	\$	Insurances	\$	Transportation	\$	Cable/Internet	\$	Total dept payments*	*Detail of Debt payments / Creditor	Due Monthly	Balance Due	_____	\$	\$	_____	\$	\$	_____	\$	\$
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If your total need is more than \$200, please indicate how you will meet the rest of your financial obligations:

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**Lazarus Fund Use Only:**

Type of help needed: \_\_\_\_\_

Sex     M     F                      Age: \_\_\_\_\_

Race: \_\_\_\_\_                      Household Size: \_\_\_\_\_

Community in which applicant resides: \_\_\_\_\_