



Mercy Ministry Request for Assistance and Application

Saint Peter's Church of Mount Pleasant extends financial support to those in need through the designated Mercy Fund. The purpose of the fund is to minister to individuals or families during a time of hardship or crisis by temporarily assisting them with their basic needs. We acknowledge that this assistance offers a short-term, relief-oriented, material solution to a problem that may require a longer-term, more relational, and comprehensive strategy. The church will not provide help to anyone who, in its estimation, will have negative or irresponsible behavior reinforced by receiving financial assistance.

Guidelines

1. The Mercy Ministry provides short-term (emergency) assistance and longer-term aid to ensure that those in need have necessities such as food, clothing, housing, transportation, and medical assistance (including psychological counseling).
2. The type of assistance that is appropriate depends on the individual's needs and available resources.
3. The fund is intended to be used when the individual or family requesting assistance has explored all other possibilities of assistance from appropriate sources (i.e., family, savings, government, etc.).
4. Needs that may not be met by the fund include: business investments or debts or anything that brings financial profit to the individual or family; paying off credit cards (exceptions can be made when an individual has had to use a credit card in a crisis or emergency, such as hospitalization, death, etc.); needs of individuals wanted by the law or for paying fines as a result of breaking the law; legal fees arising from criminal behavior; gambling debts; penalties relating to late payments or irresponsible actions.
5. History of prior help will be considered to ensure fair and equitable distribution of funding for all persons requesting assistance.
6. Persons requesting aid are required to fill out an application and must be at least 18
7. years of age. (Persons under age 18 will be required to get a parent/guardian to request aid.)
7. Disbursements from the fund may not be made in the form of a loan. No gift may be repaid, either in part or in full, in money or in labor.

Process for Application

1. Complete and submit the form (along with all supporting documentation) to the attention of the Mercy Ministry Team, 1307 Porchers Bluff Road, Mount Pleasant, SC 29466, 843-881-9003, or attach the requested documents to an email directed to MercyMinistry@saintpeters.me

2. Complete interview(s) with the appropriate staff or Team Member and if needed, one or more Steward.
3. Provide all additional documents and information requested (additional information may be requested in order to adequately consider your request.).

Distribution of Funds

1. The normal response time for processing requests is five business days.
2. Funds will be paid directly to a vendor or business provider-such as landlords, utility provider, etc., rather than to the applicant. Only in exceptional circumstances will monies be given directly to an applicant, on a case-by-case basis.
3. Assistance may also be provided in the form of gift certificates or vouchers for specific goods or services.

Confidentiality

All matters will remain confidential among the designated Saint Peter's Staff, members of the Mercy Ministry Committee and the Board of Stewards of Saint Peter's Church. Personal information may be divulged to specific financial, family, or spiritual counselors.

Saint Peter's Church Mercy Ministry Application

The IRS requires the church record and retain documentation from situations where the church has financially assisted others

Applicant Name		Date of Birth	
Address			
Phone #	Mobile	Work	
Employer			Household Income
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow		
Do you attend Saint Peter's	☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never		
Are you a Member of Saint Peter's	☐ Yes ☐ No		
Do you attend another church	☐ Yes ☐ No		Name
Have you requested their assistance?	☐ Yes ☐ No		Their Response
Total amount of your request (Attach bill or statement)	\$	Due/Need by Date	
Payee Name			Acct. #
Mailing Address			Phone #

Explanation of request. Address the following, attach additional information if necessary.

1. Briefly explain your need and the circumstances of the situation.
2. What steps have been taken to obtain assistance from other sources?
3. May we help you in other ways? Spiritual, family/personal counseling, vocational training?

Signature		Date	
For Church Use	Approved? ☐ Yes ☐ No	Decision made by	
Approved by	Signature	Date	
Date Funds Distributed		Notes	