



**SAINTS CONSTANTINE & HELEN GREEORTHODOX CATHEDRAL
OF THE PACIFIC
930 Lunalilo Street, Honolulu, Hawaii 96822**

**COVID19 Parish Relief Fund
Application Instructions**

Step 1: Download, complete and sign the attached application.

Step 2: Assemble and include all supporting material with your application.

Step 3: Either mail or email your completed application and supporting material:

- a) Email the completed application and materials to:
fralexanderleong@yahoo.com
- b) Mail the completed application and materials to:
Fr. Alexander Leong
COVID19 Parish Relief Fund
930 Lunalilo Street
Honolulu, HI 96822

Our deepest appreciation goes out to all those who made this
“COVID-19 Emergency Parish Assistance Fund” possible. Thank you
for your generosity

Christ is risen! Truly He is risen!



**SAINTS CONSTANTINE & HELEN
GREEK ORTHODOX CATHEDRAL OF THE PACIFIC
930 Lunalilo Street, Honolulu, Hawaii 96822**

COVID-19 PARISH RELIEF FUND APPLICATION

Date _____ Name of Applicant: _____
Amount Requesting for Relief: \$ _____
Address: _____
Tel: Home _____ Cell _____ Email _____
Marital Status: _____ Spouse Name _____ Lives in Household? __ Yes __ No
Do you Rent or Own your home: _____ Monthly Amt. Rent or Mortgage: _____
Name & Address of Landlord / Mortgage Holder: _____

OTHERS IN HOUSEHOLD

Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____

Please attach a separate form for any additional members of your household.

EMPLOYMENT INFORMATION

Are you currently employed? __ Yes __ No
Name of Employer: _____
Dates Employed: (From) _____ (To) _____
Type of work you do: _____
Your Annual income: _____
Total Monthly Household income as of today: _____

UNEMPLOYMENT BENEFITS INFORMATION

Are you eligible for paid leave from work? __ Yes __ No
What is/Will be amount of your weekly UIB benefit? _____

PUBLIC BENEFITS / GOVERNMENT ENTITLEMENTS / OTHER INCOME

Please identify income/Grants you are or will be receiving from other sources:

Amount	Date Received	
_____	_____	Public Benefits Identify: _____
_____	_____	Assistance from local church _____ (Name of church)
_____	_____	Assistance from National or Local Philoptochos
_____	_____	Contributions from family, friends
_____	_____	Other Financial Assistance (identify): _____

Do you have any familial or financial relationship with any person who is either employed by the Greek Orthodox Archdiocese of America or is a member of the Greek Orthodox Archdiocesan Council or of any Metropolitan or Parish Council of any of the Greek Orthodox Metropolises? ___Yes ___No

Please provide below (or on a separate sheet of paper) a statement of what your needs are and how you want the Parish to help in this regard, include (i) an estimate of your monthly household expenses for items such as housing, utilities, telephone, transportation, etc.; (ii) an estimate of your household income from all sources, including governmental payments; (iii) a statement of why you need assistance; and (iv) what specific bill or bills, up to a maximum of \$500, you want the Parish to pay, and submit copies of such bills.

We have created this application process with the guidance of the Metropolis for the distribution of funds.

*** Please note our policies and procedures regarding financial assistance. Your signature below will indicate that you have read and consent to the following:**

- o We will treat the information provided as confidential and will only share with other organizations for the purpose of seeking assistance on your behalf.
- o If approved for financial assistance, please note that we do NOT provide direct cash assistance. We pay bills directly to the provider/vendor, e.g. Landlord, mortgage holder, utilities, medical provider, etc.
- o If you are only requesting help for groceries or Rx prescription purchases \$100 or less Initial here: ___
- o Cases seeking financial assistance are confidentially reviewed.
- o As our resources are limited in amount and scope, we cannot provide ongoing financial assistance.

Certification:

I certify that the information provided here and in response to this form is true and complete to the best of my knowledge.

Signature of Applicant

Date