

EMU.NJ

CONFIDENTIAL REQUEST FOR COVID 19 RELIEF



DATE _____

YOUR FULL NAME _____

YOUR PERMANENT ADDRESS _____

PHONE _____

EMAIL _____

REASON FOR REQUEST (Furloughed from congregation; spouse furloughed from gainful employment; extraordinary medical expense; other loss of income; other)

AMOUNT REQUESTED: _____

I understand that I will be responsible for any tax liability incurred as a result of receiving COVID 19 relief from the New Jersey Synod. I also understand I will receive a call from the Rev John Holliday or Lois Parrette to ask my Social Security Number. We are doing this to avoid having your number traverse the wilds of the Interwebs and so we can file the appropriate tax forms. We will not be able to issue a check without this information.

Signature of Applicant

Date

Please email your completed application to:

EMU@njsynod.org