



**Metta's Angels Assistance Application**  
(all information is kept confidential and reviewed with care)

**Applicant Information:**

Full Name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Preferred Method of Contact**

\_\_\_ Phone \_\_\_ Email \_\_\_ Text

Current Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Household Information**

Number of adults in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_

Ages: \_\_\_\_\_

**Type of Assistance Requested**

(check all that apply)

\_\_\_ House fire or loss of home

\_\_\_ Serious accident or medical hardship

\_\_\_ Escaping or rebuilding after an abusive situation

Sudden financial crisis

Other (please

explain): \_\_\_\_\_

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### **Your Story**

Please share what you are experiencing and why you are requesting assistance. (You may write as much or as little as you are comfortable sharing.) \_\_\_\_\_

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### **Immediate Needs**

What type of support would be most helpful right now? (check all that apply)

Essential household items

Clothing or personal items

Temporary financial assistance

Transportation support

Safe restart essentials

Other:

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### **Timeline & Urgency**

When did this hardship occur: \_\_\_\_\_

Is this an urgent situation requiring immediate support:

Yes  No

If yes, please explain: \_\_\_\_\_

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**Additional Support**

**Are you currently receiving assistance from any other organizations or agencies?**

**Yes**     **No**

**If yes, please list:** \_\_\_\_\_  
\_\_\_\_\_

**Reference / Verification**

**Name of person or organization familiar with your situation (case worker, advocate, pastor, counselor, etc):**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**Organization:** \_\_\_\_\_  
\_\_\_\_\_

**Phone / Email:** \_\_\_\_\_  
\_\_\_\_\_

**Consent & Acknowledgement**

**By submitting this application, I confirm that the information provided is true to the best of my knowledge. I understand that submitting an application does not guarantee assistance and that each request is reviewed individually.**

**I agree and acknowledge**

**Applicant Signature:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_  
\_\_\_\_\_

## **Submission Instructions**

**Please submit this application via:**

[www.mettasangels.org](http://www.mettasangels.org)

[mettasangels2025@gmail.com](mailto:mettasangels2025@gmail.com)

**If you need help completing this application, please contact us.**

**You are not alone.**

**Sharon Green & Kat Peterson  
Founders, Metta's Angels**