

# 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 Parrett to ask for my Social Security number if that information is not currently on file. This is done so that the New Jersey Synod can file the appropriate tax forms. We will not be able to issue a check without this information. **Please note that applications must be received by May 30<sup>th</sup>!**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please email your completed application to:  
[EMU@njsynod.org](mailto:EMU@njsynod.org)

**The Rev. Fred Becker, EMU Coordinator**  
The Rev. John Holliday, MEF Administrator

Spring 2022