

Westminster Presbyterian Church
Steadfast Neighbor Endeavor
Matching Grant Application

Name:

Address:

Phone:

Alternate #:

Email:

Owner Occupied or Landlord: (describe)

_____ Months

_____ Years

How long do you intend to own this property:

Family info: (Include name and age of all living in the household)

Is anyone in the household elderly or disabled? (describe)

Describe the work and timeline of the project for which you would like matching funds: