

Financial Assistance Request Form

Name(s) _____

Address _____

City/State _____

Home and Cell Phone numbers: _____

Age(s) _____ ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Name and Location Home of church: _____

Are you a member of above church? If so, for how long? _____

If you have no home church or are not a member, briefly explain why.

Current or Most Recent Employer Information (List for both you and spouse):

Name of Company or business: _____

Phone: _____ Contact person: _____

Name of Company or business: _____

Phone: _____ Contact person: _____

If currently unemployed, check here: You ___ Spouse ___

Children's names & ages of only those who are currently living with you on a daily basis.

_____	_____
_____	_____
_____	_____

If you have adult Children, please provide contact information in space above.

Exactly what kind of help are you asking for?

(Continued)

Briefly explain the circumstances which brought about this need.

Where else have you gone for financial assistance in the last year? How much support did each one give?

Are you or your spouses parents still living? If so Provide contact information:

List what type of financial aid you may be receiving from a government agency:

Unemployment Insurance Social Security Worker's Compensation Disability Other

Are you willing to confidentially meet with a Benevolent committee who may ask other and personal financial questions? Yes No

Would you be willing to work with a financial budget counselor? Yes No

I give my permission to have the appropriate church personnel validate any of the above information.

Signature _____ Print Name _____

Date _____

All of the above information as well as any information from gathered from a budget counselor or a Benevolent committee will remain confidential except for those in the decision making process.