



Financial Assistance Request

Please answer all the questions on this form in order to help us better understand your situation and enable our decision process. Our desire is to serve the needs of our church body and be good stewards of all our resources as God has called us to be.

Name of requestor: _____ Date of request: _____

Your current address (*where you live now*): _____

Phone # (best way to contact you): (_____) _____ - _____

What's the amount of your request (financial need)? \$ _____ Date Needed: _____

What is the purpose of your request? _____

Is the need for a recurring bill (e.g. mortgage, rent or credit card)? Yes No

Have you taken steps to correct the cause for the support needed? Yes No

If so, what have you done? _____

Have you had a need for support within the last three months from anyone? Yes No

Do you have any other resources for assistance if the church is not able to help you at this time?

Please describe the reason for your request and what circumstances caused your need?

If request is granted, who should the check be made payable to? _____
(Note: By policy...checks will not be made payable to the individual needing the support, it will be paid directly to a vendor)

Address of Vendor (to mail the check to): _____

We will contact you soon. Thank you and God Bless.

FOR OFFICE USE ONLY:

Meeting date: ____/____/____

Result / Decision: Approved Not approved (check one)

Notes re: decision: _____

Deacon's assigned

and signatures:

1. _____ (printed name) _____ (signature)

2. _____ (printed name) _____ (signature)

3. _____ (printed name) _____ (signature)