

Benevolence Assistance Request Form

Date: _____

Begin your application here:

Personal Information:

Last Name: _____ First: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Name and location of church you belong: _____

How were you referred to Eastside Christian Fellowship? _____

What kind of help is available?

Our concern for you is not limited to your financial situation. We care about your emotional, spiritual, and relational health, as well as your general wellbeing. Would you like a Pastor to follow up with you about these types of concerns? (*Note: your response to this has no bearing on the decision about your financial request*).

- ☐ No thank you.
- ☐ Yes. Contact me at phone number (_____) _____ -- _____

Our response to your request may include:

- Referral for spiritual, financial, and/or general counseling
- Limited financial support
- Food bank referrals
- Other social service referrals

Household Information:

List all individuals sharing your household:

| Full Name | Age | Relationship | Employer | Monthly Income |
|-----------|-----|--------------|----------|----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Please list your specific requests:

| Amount | Description of Need | By Date |
|--------|---------------------|---------|
| | | |

Briefly, what events led to your needing assistance?

References:

| Name (First and Last) | Relationship | Phone Number |
|-----------------------|--------------|--------------|
| | | |
| | | |
| | | |

Authorization

By signing below, you are giving permission to have the appropriate church personnel validate any of the above information.

Signature: _____ Print Name: _____

Date: ____/____/____

