

# Hill Chapel Baptist Church

1692 West Hancock Avenue

Athens, Georgia 30606

(706)543-1377

hillchapelathens@att.net

## Benevolence Assistance Request Form

Date

Name

Phone

Address

Source of Income:

Employment

TANF

SS/SSI

Unemployment

Child Support

Other (specify) :

Amount of Monthly of Income:

Reason for Request:

Church Affiliation:

Hill Chapel Baptist Church will provide assistance to the above named person for the following need:

Utility

Provider:

Rent

Landlord:

Address:

Phone:

Food

(Specify Need):

Medical

Doctor/Phone:

Pharmacy/Phone:

Clothing

(Specify Need):

Other

(Specify Need):

Account Balance \$

Funds from other sources \$

Ending Balance (Amount Requested) \$

Hill Chapel Baptist Church Representative:

Signature

Person Requesting Assistance:

Signature