



## 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?**

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**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: \_\_\_ / \_\_\_ / \_\_\_

