Richard C. Mattox

Date Application received at the Home Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 the Senior Pastor of above church? If so, for how long?

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

Exactly what will the funds be used for?

Briefly explain the circumstances which brought about this need.

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

 Unemployment Insurance Social Security Worker’s Compensation Disability Other

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.