Request For Financial Assistance

Date//			
Contact Information			
Name			
Address C	Dity	Zip	
Home Phone Cell Phone			
Work Phone			
E-mail Address			
Birth Date (optional)//			
Marital Status Spous	e's Name		
Christian Experience			
 Church Background: I have attended church () Never () Occasionally () Regularly Christian Experience (check all that apply) () I own a bible () I would like to know more about following () I believe in Jesus and have accepted him Lord & Savior: Date//	- Church name g Jesus n as my e//_ t apply)		
Current Status			
Name (relationship) of Nearest Relative:			
Address (street) Employer:	(city) e-mail	(state)	(zip
Type of work you are able to perform:			

List your source of income:
Tatal Manthly Income of
Total Monthly Income: \$
Monthly Expenses Please enter the amount you spend each month on the following:
Rent/Mortgage \$
Transportation (car payments, bus, gas, auto insurance) \$
Giving (e.g., to a church or other organization) \$
Utilities (electricity, water, gas, internet) \$
Monthly Debt Payments (credit cards, student loans, etc.) \$
Amount of Total Debt \$
Estimated Total Monthly Expenses \$
Please provide any expense related documents that are relevant to this request. Type of Assistance Needed:
Reason for Assistance:
Other agencies, organizations or others from which you have requested assistance:
List any types and amounts of aid you have received in the last month:
1 \$ \$ \$ \$
1\$2\$\$ God has called each of us to bring help and hope to people in need. The information collected from you during the application and/or interview process is consistent with our desire to not only assist our members and attendees financially, but to help them

engage in the activities that will develop their relationship with Christ and provide the ultimate solution to their financial situation.

Completion of this application and/or participation in an interview does not guarantee assistance. Please be assured that we will prayfully consider your request and respond accordingly.

I hereby authorize The Ridge Community Church to verify this information. I declare that all of this information is complete and truthful to the best of my knowledge. I hold The Ridge Community Church, TRCC Officers, and TRCC Employees, harmless as related to any service associated with this request.

Signature of applicant:	Date:
*************** THIS SPA	CE FOR OFFICE USE ONLY ************************************
Interviewed by:	
Assistance Given:	
Comments:	
1st time assistance given:	
Pastor scheduled:	Date: