

Request for Financial Assistance

(To be completed by the applicant or an individual on the behalf of someone needing assistance.)

This is a confidential application for review by the Deaconry & Pastor of Life Source Church

Name of Potential Recipient _____ Date ____/____/____

Complete Address _____

Primary Phone Number _____ Secondary Phone Number _____

If you are filling out this application on behalf of someone, provide you name and phone number below.

Name _____ Best Phone Number _____

Names, relationships, and ages of people presently living in the home:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the area and reason of your present need:

How long has the applicant been in this specific need? _____

Have you made appeals for help from other sources? Y / N - If so, please list: _____

What was the outcome? _____

Do you attend a church? Y / N - Church Name: _____

I, _____, testify that the above information is accurate and true
(Please Print Your Name)

to the best of my knowledge. I give permission to Life Source Church to verify and validate the information that I have provided. I understand that the church does not bind itself to assist me. Life Source Church may contact me if further information is needed.

Signature

_____/_____/_____
Date