

Application For Assistance From The Deacons

Applicant Information

Name: _____

Street Address: _____

Phone #'s: _____

Email: _____

Statement of Need

1. What form of assistance are you seeking? (check one)

- Food Pantry Transportation Shelter
 Financial (Please complete Page 3) Other

If "Other" Please explain: _____

Duration of Need

1. How long do you expect to need assistance (e.g., 1 month, 3 months, etc.)? _____
(Expected duration)
2. How frequently do you expect to need assistance (e.g., one time, monthly, etc.)? _____
(How often)
3. How much assistance are you requesting at this frequency? _____
(Moneys or types of assistance)

Request for Supporting Documentation

The Deacons, under the oversight of the Elders, are charged with the Biblical stewardship and oversight of the Deacon Benevolence Fund and congregational resources. Therefore, the Deacons may require that each applicant provide statements showing current financial data, including income, assets and indebtedness (Page 3).

This information, along with the foregoing application, shall be kept in strict confidence by the Deacons, and shall not be released to anyone without the consent of the applicant.

I have read and understand the Benevolence Policy For Congregational Care and I understand that support from the Deacons are disbursed at the discretion of the Deacons, in accordance with the Benevolence Policy and are dependent upon resources being available. I also understand the Deacons may re-evaluate my situation at any time.

Signed: _____

Deacon Notes:

Brief Summary of Financial Situation

1. What is your current monthly income? _____

2. What is the value of your total current assets, not including any living necessities such as a house, vehicle, medical equipment or household furnishings?

Cash/Checking Accounts:	_____	}	_____
Savings Accounts:	_____		
Investments:	_____		
Other Assets :	_____		

3. What is the value of your current outstanding debts?

Mortgage:	_____	}	_____
Credit Cards:	_____		
Auto Loans:	_____		
Student Loans:	_____		
Other Debts:	_____		

4. What options are available to you for support/assistance from family members?

5. What type of assistance, if any, do you currently receive?

6. What other information would you like to communicate to the Deacons that may help us to better evaluate your situation?
(Please feel free to attach additional sheets or other documentation you think may be helpful to the Deacons.)
