



## Financial Assistance Application

Name: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced  Separated  Other

Number of people in the household: \_\_\_\_\_ Number of children in the household: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Employed:  Yes  No If yes, employers name: \_\_\_\_\_

Years of employment: \_\_\_\_\_

### Questions

Are you a Tither? \_\_\_\_\_

Do you attend Sunday School? \_\_\_\_\_

Do you attend Bible Study? \_\_\_\_\_

Requested Amount? \$ \_\_\_\_\_

Reason for Financial Assistance: \_\_\_\_\_

---

---

---

---

---

---

---

---

**\*\*\*Applicant must provide copy of W2's and copy of bills**