



## Financial Assistance Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Married Status:  Married  Single  Widowed  Divorced  Separated  Other:

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

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

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

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

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: \_\_\_\_\_

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