

Assistance Request Form

Please fill out completely and return to the Church Office

Date: _____

Name: _____ Phone# _____

Address: _____

City _____ State: _____ Zip: _____

What is your present need?: _____ Date Due: _____

Social Security# _____ Drivers License#: _____ State: _____

Married _____ Single _____ Divorced _____ Widowed _____ If married, does your spouse have a job? _____

Do you work? _____ Is so, where? _____

Do you own your home? _____ Do you have children still living at home? _____ If so, how many _____

Have you applied for Governmental housing? _____ Food Stamps? _____ MediCal? _____

Do you have family that can help? _____

If yes to any of the above questions and have been turned down, why? _____

Have you been helped previously by this church? (Yes) _____ (No) _____

If so, when? _____ In what way were you helped? _____

Are you involved in ministry here at CCBF? _____

How long have you attended CCBF? _____ Do you tithe on a regular basis? _____

Why do you feel that you qualify for assistance? _____

Office Use Only

Ministry Leader: _____ Date: _____

Assistance Amount: _____ Approved/Declined: _____

Terms: _____ Notified: _____

Please fill out the spaces below:

MONTHLY INCOME:

Husband: _____

Wife: _____

Children: _____

Sub Total: _____

MONTHLY BILLS:

Mortgage or rent: _____

Taxes: _____

Water: _____

Trash: _____

Electricity: _____

Homeowners Insurance: _____

Gas: _____

Car payments: _____

Car Insurance: _____

Gasoline: _____

Credit Cards: _____

Phone, cell & home: _____

Television/Cable: _____

Life Insurance: _____

Food: _____

Clothing: _____

Entertainment: _____

Medical: _____

Personal Loans: _____

Education: _____

Misc: _____

Misc: _____

Misc: _____

Sub Total: _____

Difference: _____

