

# Church Family Benevolence Request Form

This form must be filled out completely for all financial requests. Information provided by you may be shared with Pastors, Deacons or other cooperating charitable organizations as needed.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status: Married\_\_ Divorced\_\_ Separated\_\_ Single\_\_ Widowed\_\_

# Children at Home \_\_\_\_\_ Other Adults at Home \_\_\_\_\_

Please clearly state your request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What circumstances brought about this need? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your plan to prevent this situation from happening again? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Country Oaks helped you financially in the past? \_\_\_\_\_ What help was given and when? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you receiving assistance from any other source? \_\_\_\_\_ Please list those sources: \_\_\_\_\_

\_\_\_\_\_

My signature below guarantees the information provided above is accurate and true.

\_\_\_\_\_  
Signature of Person Requesting

\_\_\_\_\_  
Date