

West Congregational Church

Benevolence Fund

Request Form

All information provided by this form will be handled respectfully and confidentially by the West Church staff and the Benevolence Fund Team.

Date: _____

Name: _____

Address: _____

How long have you lived at this address? _____

Phone Number: _____ (home, work, cell)

E-mail address: _____

How many in your family? _____ What ages? _____

Are you currently involved in a local church? _____ If so, please state church and location:

Present Employer: _____

Location: _____

If unemployed, list the last three places you have worked or applied for work , and the dates:

1. _____

2. _____

3. _____

What is your present need of assistance – (please include a dollar amount)?

Why did you come to West Church for assistance? _____

What steps have you already taken to meet this need? _____

Have you previously received assistance from West Church? _____

If so, when? _____ Amount? _____

What need was covered by this assistance? _____

During the past six months, have you received assistance from any of the following sources? If so, check by their name and describe what kind of assistance was given.

___ Community Action _____

___ Other Church _____

___ Family _____

___ Loans _____

___ Other Source _____

What is your plan to overcome your current financial struggles in order to become self-sufficient? How long do you anticipate it will take to become financially independent? What steps are you currently taking? _____

Are you willing to participate in financial counseling? Yes _____ No _____

Pastoral Staff Use Only:

Interviewer: _____ Date _____

Observations: _____

Recommendations: _____

Benevolence Team Use Only:

Request Approved: _____ Amount Approved: _____ Date: _____

Request Denied: _____ Reason for Denial: _____ Date: _____
