

REQUEST FOR FINANCIAL ASSISTANCE

(To be completed by the applicant or an individual on behalf of someone needing assistance.)

This is a confidential application for review by the Deaconry & Pastor of Life Source Church only.

Name of Potential Recipient _____ Date ____/____/____

Complete Address _____

Business Phone # (____) - _____ Home Phone # (____) - _____ Age _____

Marital Status _____

If you are filling out this application on behalf of someone, provide your name & phone number below.

Name _____ Phone # where you can be reached: (____) _____

Names, relationship, and ages of people presently living in your home:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the area and reason of your present need: _____

How long have you been in need in this area? _____

Have you ever requested aid from Life Source Church before? Y / N - If so, when?

Have you made appeals for help to other sources? Y / N - If so, please list: _____

What was the outcome? _____

Do you attend a church? Y / N - Church Name: _____

I, _____, testify that the above information is accurate and true
(Print Your Name)

to the best of my knowledge. I give permission to Life Source Church to verify and validate the information that I have provided. I understand that the church does not bind itself to assist me. Life Source Church may contact me if further information is needed.

Signature

_____/_____/_____
Date