

# ***Wakulla Springs Baptist Church***

## **BENEVOLENCE MINISTRY REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own or Rent, Name & Phone number of Landlord: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Best Time of Day to call: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Member of Wakulla Springs Baptist Church: \_\_\_\_\_

How were you referred? \_\_\_\_\_

Name & Phone # of Employer: \_\_\_\_\_

Utilities Companies & Phone #'s: \_\_\_\_\_

Nature of request: \_\_\_\_\_

\_\_\_\_\_

What circumstances had caused you to be in this situation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have you done to correct your situation? \_\_\_\_\_

\_\_\_\_\_

Have you requested and received assistance from other sources? \_\_\_\_\_ If so, whom and when? \_\_\_\_\_

\_\_\_\_\_

### **READ THIS STATEMENT BEFORE SIGNING:**

I certify that the above information is true and correct. I certify that no other member of my household has applied for and received any assistance from Wakulla Springs Baptist Church in the past 90 days.

**I give permission to Wakulla Springs Baptist Church to check the above references if necessary.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Do not write below line. For Benevolence Team Members Only**

Date called: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Company Paid: \_\_\_\_\_