

Community Presbyterian Church
Request for Financial Assistance from Deacons Benevolence Fund
You may only receive assistance TWICE per year.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ or Phone # where a message can be left: _____

Date of Birth: _____ Age: _____

Family Status: Single Married Divorced

Separated Widowed

Gender: Male Female

Children: Yes No

Ages of Children _____

For office use only, please do not write in this space.

List other members of your household:

_____ Age: _____ Relationship to you? _____

_____ Age: _____ Relationship to you? _____

Employment: _____

PLEASE LIST YOUR Entire household income INCLUDING food stamps, SSI, welfare, child support, disability, SNAP, and income from any other sources including other household members (Please give details of amounts and types of income and frequency):

Monthly Expenses: Rent: _____; Utilities _____ Other: _____

What is your relationship to Community Presbyterian Church? _____

_____ How long have you been attending CPC? _____

Have you received assistance from Community Presbyterian Church in the past? _____ When? _____

Have you called 211? Yes No

(Please detach and keep the attached page showing the available services from 2-1-1.)

If yes, when and how have they assisted you? _____

Where and how are you currently involved in Christian Fellowship? _____
