

Special Ministry Needs

To help us be good stewards of the financial resources of the church, we ask you to complete both sides of the following questionnaire. Those making the decision will give your request thoughtful, prayerful consideration. We will do our best to research and respond to your request within three to five days. For this request to be considered it must be completed in its entirety.

Personal Information

Name _____ Marital status Single Married Separated

Address _____ Spouse's name _____

Phone _____ Birth date _____ Spouse's employer _____

SS# _____ How long spouse employed? _____

Employer _____ Number of dependents _____ Ages _____

How long employed? _____ Does spouse attend the church? Yes No

If unemployed, why? _____

Yes No Are you serving in any area of the church? If yes, what area? _____

Yes No Did somebody refer you to the church to make this request? If yes, who? _____

What church do you attend? _____

How long have you attended? _____

Please list two friends and/or relatives and their phone numbers:

	Name	Phone Number
<input type="checkbox"/> Friend <input type="checkbox"/> Relative	_____	() _____
<input type="checkbox"/> Friend <input type="checkbox"/> Relative	_____	() _____

Income/Expense Report

Income		Monthly Expenses	
Cash available		(A) Electric	(B) Other (List type and amount)
Savings	\$ _____	Phone	\$ _____
Checking	\$ _____	Rent/Mortgage	\$ _____
Monthly income	\$ _____	Vehicle	\$ _____
Other income	\$ _____	Credit Cards	\$ _____
Total Income	\$ _____	(Combine columns A & B)	Total Expenses \$ _____

(Please complete other side)

Financial Information

Briefly describe your financial need and the circumstances that created the need:

Please list the vendor, due date and amount of your current need:

Vendor (to whom payment is due)	Due date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total assistance requested from the church		\$ _____

Who else have you asked to help you with this need, and what was their response?

Name	Response
_____	_____
_____	_____
_____	_____

What other options do you have if the church is unable to financially assist you?

Yes No Have you received financial assistance from the church before? If yes, complete the information below:

Date	Amount	Reason
_____	_____	_____
_____	_____	_____

Yes No Have you received financial assistance from other ministries and/or government agencies in the last year?

If yes, please complete the information below:

Agency	Amount	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any plans or actions you are taking to help avoid difficult financial situations in the future.

Requester's Signature _____ Date _____

For Office Use Only

Comments	Payable to	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Approved by _____	Date _____	Total \$ _____