

FAITH CHRISTIAN CENTER

Application for Assistance

Please fill in this form completely. Your answer to any given question will not necessarily prohibit you from receiving aid. The questions are only designed to better acquaint us with you and your situation.

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip _____ Tele. _____ FCC Member? _____

How long have you been attending FCC? _____

Do you tithe? _____ Marital status: _____

Number of children: _____ Ages of children _____

Occupation: _____ Spouse's occupation: _____

Are you presently employed? _____ Spouse? _____

If unemployed, how long? _____

Are you presently receiving financial aid? _____
(welfare, unemployment, TDI, etc.)

Have you explored state and federal aid applicable to your situation? _____

If so, please specify: _____

Have you been helped previously by FCC? _____ If so, when? _____

What did you receive? _____

Please explain the nature of your need and how FCC can assist you. _____

Your total monthly income: _____ Expenses: _____

Monthly averages: Rent/Mortgage _____ Auto _____ Heat _____

Water _____ Electric _____ Phone _____ Gas (car) _____

Telephone _____ Credit cards _____

If you do not attend FCC, give us your home church name: _____

Address: _____ Phone: (____) _____

Pastor's name: _____ Phone: (____) _____

OFFICE USE ONLY

Comments of Benevolence Director: _____

Amount of help given: _____ Date: _____

Check # _____ For _____

Payee: _____

Address _____ City _____ State _____ Zip _____

Approved: _____ Date: _____

Denied: _____ Date: _____

Reason for denial: _____

Approved or denied by: _____

Other comments: _____