



Loving God. Loving People. Living Life.

Financial Assistance Request Form

We all go through unfortunate moments in our lives where we just need a little extra help. We hope and pray that your situation gets better. If you feel the need, don't hesitate to request counseling or further guidance on how you might be able to avoid being in such a tight spot in the future.

REQUEST FOR FINANCIAL ASSISTANCE

EACH SECTION MUST BE COMPLETED IN FULL

Please allow 3 to 5 business days for review. Any information left blank will delay processing/response. You may attach additional pages as needed.

Date: _____

Name: _____

Spouse: _____

Phone: Home - _____ Work - _____ Primary Cell - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Email Address: _____

How many children live with you? _____ Tell us their ages: _____

CHURCH INFORMATION

THIS SECTION MUST BE COMPLETED

Are you a member of Mt. Sinai Baptist Church? Yes No Member Since? _____

How long have you been attending Mt. Sinai Baptist Church? _____

What ministries do you currently serve in at Mt. Sinai Baptist Church?

Do you regularly attend at least once service per week? Yes No

Do you regularly tithe at least 10% of your income to Mt. Sinai Baptist Church? Yes No

EMPLOYMENT INFORMATION

THIS SECTION MUST BE COMPLETED

Your Current Employer: _____ Position: _____

Salary: Weekly Gross: \$ _____ Weekly Take Home: \$ _____ Monthly Take Home: \$ _____

Spouse's Employer: _____ Position: _____

Salary: Weekly Gross: \$ _____ Weekly Take Home: \$ _____ Monthly Take Home: \$ _____

Other Income (Alimony, Child Support, Welfare, Food Stamps, etc.):

BENEVOLENCE REQUEST FOR

Company Name	Description & Acct #	Total Bill Amount Due	Amount Requested For Financial Assistance

Who referred you to Mt. Sinai Baptist Church for assistance? _____

Do you have any other needs? _____

Describe what has caused this need to arise.

Is there a deadline for this need to be met? Yes No If so, why and what is the deadline?

What other organizations, family members or churches have you contacted for assistance/help?

How much assistance have they offered?

AFTER SIGNING AND DATING BELOW, YOU MAY SUBMIT THIS FORM.

Your Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED: _____ AMOUNT APPROVED: _____

DISAPPROVED: _____

REASON FOR DISAPPROVAL: _____
