

Beneficence Request Application Sherwood Oaks Christian Church

Date of Application: _____

Contact Information

Name: _____ Spouse: _____

Social Security #: _____ Social Security #: _____

Date of Birth: _____ Date of Birth: _____

Driver's License #: _____ Driver's License #: _____

Home Phone#: _____ Cell Phone # _____

Children living with you:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Are you a member of Sherwood Oaks Christian Church? Yes No

If not, how did you happen to contact us? _____

Have you contacted your township trustee? YES No

What was the outcome? _____

Are you willing to obtain counseling or attend classes that will help you work out a budget and learn to discipline yourself so you can have financial stability? Yes No

Are you currently receiving government assistance? Yes No Type: _____

Last 3 years Residence

Current Street Address: _____

City, State, Zip Code: _____

Previous Street Address: _____

City, State, Zip Code: _____

Employment History

Name of Current Employer: _____ Income Range: \$ _____

Name of Spouse's Employer: _____ Income Range: \$ _____

If not working, what was your last date of employment? _____

If not working, name of last employer: _____

Request Type

Exactly what are you asking for?

Rent: _____ How much?: _____ Date Due: _____

Utilities: _____ How much?: _____ Date Due: _____

Other: _____ How much?: _____ Date Due: _____

Explain why you are short of funds at this time.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. The undersigned gives Sherwood Oaks Christian Church and its authorized representatives the authority to request, share and obtain all information, records, confidential and otherwise, requested by them from you including by way of illustration; medical records, financial statements, court records and other information they may deem necessary in order to assist you. Your name, Social Security number or any other pertinent information will be added to a central database, which is connected to other local churches in the surrounding cities.

SAMPLE

Print Name	
Signature	
Date	

OFFICIAL USE ONLY Please do not write below this line

Assistance Given:

Approved by:

Counseling Provided by:

Date: