

Financial Assistance Request Form
Evangelical Free Church of Bozeman

Name(s) _____

Address _____

City/State _____

Home and Cell Phone numbers: _____

Age(s) _____ ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Name and Location of "Home Church": _____

Name and phone # of someone who knows you best from the above church:

If you have no "Home Church" briefly explain why.

Current or Most Recent Employer Information (List for both you and spouse):

Name of Company or business: _____

Phone: _____ Contact person: _____

Name of Company or business: _____

Phone: _____ Contact person: _____

If currently unemployed, check here: You ___ Spouse ___

Children's names & ages of only those who are currently living with you on a daily basis.

If you have adult Children, please provide contact information in space above.

Exactly what kind of help are you asking for including amounts?

(Continue on back page)

Briefly explain the circumstances which brought about this need.

Where else have you gone for financial assistance in the last year? How much support did each one give?

Are you or your spouse's parents still living? If so, provide contact information:

List what type of financial aid you may be receiving from a government agency:

Unemployment Insurance Social Security Worker's Compensation Disability Other

Tell us how you came to know about this opportunity for us to help you? _____

Are you willing to confidentially meet with a Benevolent Committee who may ask more personal financial questions? Yes No

Would you be willing to work with a financial budget counselor? Yes No

By signing below, you are giving your permission to have the appropriate church personnel validate any of the above information.

Signature _____ Print Name _____

Today's Date _____

All of the above information as well as any additional information gathered about your financial situation will remain confidential except for those who may need to know for the decision making process.