

**Berean SDA Church
Benevolent Request Form**

Date Submitted: _____

ABOUT YOU:

Your Name: _____ Member of Berean SDA Church: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

ABOUT YOUR INCOME:

Employer's Name & Address: _____
Employer's Telephone: _____
Salary (Gross) \$ _____ (Weekly/Bi-weekly/ Bi-Monthly/Monthly)
Salary (Net): \$ _____ (Weekly/Bi-Weekly/Bi-Monthly/Monthly)

ABOUT YOUR NEED:

Who have you contacted prior to coming to the church for assistance (Please provide detail)?

Name of organization	Name of Contact	Date	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Funds needed for: _____
Check Made Payable to (**You must attach original bill**) _____
Amount Requested: \$ _____
Date Needed: _____
Will you have a balance outstanding after this payment? _____

Explain in detail why you are requesting these funds:

ABOUT YOUR FUTURE:

How will you be able to cover this obligation AFTER this payment is made?

Anything we can do to further assist you?

Your Signature

Date

(For Committee Use Only)

Approval Signature by Committee Chairperson: _____

Date of Meeting: _____

Request Outcome: _____

Committee Members present: _____

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