

God's Way Baptist Church Financial Assistance Request Form

First Name _____
Middle _____ Last _____
Address _____
City/State _____
Phone Numbers: _____

Single__ Married__ Widowed__

Name and Location of Home Church:

Are you a member of the above church? If so, for how long?
_____ If you have no home church or are not a member, briefly
explain why.

Are you currently employed? __ Yes __ No
Current or Most Recent Employer Information

Name of company or
business: _____ Phone
Number: _____ Contact Person: _____

If Currently Unemployed, Check Here: You _____ Spouse _____
Children's names and ages of those only currently living with you on
a daily basis.

_____	Age__	_____	Age__
_____	Age__	_____	Age__
_____	Age__	_____	Age__
_____	Age__	_____	Age__

If you have adult children, please provide names and contact
information in space above.

Exactly what kind of help are you asking for?

Briefly explain the circumstance which brought about this need.

Are you willing to confidentiality meet with the approving party who may ask other personal and financial questions? Yes No

Can we run a background check on you? Yes No

Background check information below

Date of birth ___/___/_____

SSN ___ - ___ - _____

I give my permission to have the appropriate church personnel validate any of the above information.

Signature _____

Print Name _____ Date _____