

Church of Christ in Milton
Benevolence Information Form



Please fill out the form below and we will contact you after we review your request. Processing may take at least (5) business days from this date. You must provide copies of bills you want us to pay; you must provide your own photocopies. Failure to complete the entire form may delay the review of your request.

Please Print

FAMILY INFORMATION

Applicant's Name _____ Spouse's Name _____

Household Members

Name	Relationship	SS#	Date of Birth

Current Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

EMPLOYMENT INFORMATION

Employer _____ How Long? _____

Employer Address _____ Employer Phone No. _____

Spouse's Employer _____ How Long? _____

If Unemployed, How Long? _____ Reason for Unemployment? _____

If not unemployed, what has happened to create this need? _____

- Are you a member of Church in Milton? Yes No
- Are you currently giving at the Church in Milton? Yes No
- Have you been helped previously by us? Yes No
- Have you received assistance from any other church, Ministry or agency during the past 6 months? Yes No
- If yes, whom? _____
- Amount and/or type of assistance? _____
- In which area of ministry do you volunteer? _____

Home Church (if not the Church in Milton) _____ Phone _____

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Amount of Assistance Requested \$ _____ You must provide a copy of the bill(s) for which assistance is requested.

FOR OFFICE USE ONLY:		
Approved Amount \$ _____	Pay To: _____	P.O. # _____
Previous Assistance?	Yes	No
Enrolled in Budgeting Course?	Yes	No
Completed Budgeting Course?	Yes	No
Approved By: _____	Date: _____	