

ZION BAPTIST CHURCH
Benevolence

EMERGENCY ASSISTANCE FORM

Name _____ Address _____

Home Phone _____ Place of Employment _____

Salary (Monthly) \$ _____ Other Sources of Income \$ _____

Total Monthly Bills \$ _____ Amount of Assistance Requested \$ _____

Purpose of Request _____

Is bill delinquent? _____ If YES, how long has it been delinquent? _____

Do you live alone? _____ If NO, who else resides at this address? _____

Have you contacted other churches/organizations/agencies for assistance? _____

If YES, please list them along with contact name, phone number and amount of assistance _____

Which of them responded to your request for assistance? _____

How did you hear about Zion Baptist Church's Emergency Assistance Program? _____

Is this your first request for assistance from Zion Baptist Church? _____

If your answer is No, when was your last request for assistance? _____

Are you a **Member in Good Standing** at Zion Baptist Church? _____

If your answer is YES, (1) How long have you been a member? _____

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(2) Are you a tither _____ and (3) Do you attend bible study and Sunday

school? _____

If Zion Baptist does provide some assistance, what is your plan for paying

this bill next month? _____

Signature _____ Date _____

PLEASE NOTE:

Completion of this form does not constitute approval.

Please allow 3-4 business days for processing.

Each request will be handled on a case-by-case basis.

There will be no loans provided. Emergency assistance funds are limited.

Assistance will be provided once a year.

Request forms must be received at least 5 days prior to bill due date.

Please attach a copy of the bill for which you are requesting assistance.

THIS FORM WILL NOT BE PROCESSED IF ALL QUESTIONS HAVE NOT BEEN ANSWERED.