

Glendale Seventh-Day Adventist Church
2900 East 62nd Street, Indianapolis, Indiana 46220

Financial Assistance Request Form

Name(s) _____

Address _____

City/State _____

Home and Cell Phone Numbers: _____

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

Name and Location of Home Church: _____

Are you a member of above church? ___ Yes ___ No

If you have no home church or are not a member, 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 and 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?

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 your or your spouse's parents still living? If so, please 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

Are you willing to confidentially meet with the Church Finance Committee who may ask other and personal financial questions? Yes No

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

Signature _____ Print Name _____

Date _____