



Christiansburg

BAPTIST CHURCH

REQUEST FOR BENEVOLENT ASSISTANCE

2895 Roanoke St | Christiansburg, VA 24073

Email: info@christiansburgbaptist.org | Phone: (540) 394-3200

We understand that difficult times happen to everyone. The following information will help us get to know you and learn how we might help you during your time of need. PLEASE ANSWER ALL QUESTIONS FULLY AND PRINT CLEARLY.

Name: First _____ M.I. _____ Last _____

Address: _____ City: _____ Zip Code: _____

Phone Home: _____ - _____ - _____ Cell: _____ - _____ - _____ Text: (Yes) (No)

1. Employment status: Full-time Part-time - # of Hours/week ____ Unemployed Disabled

Employer Name (Note: for VOE only): _____

Supervisor: _____ Phone: _____ - _____ - _____
 May we contact your employer for employment verification?

2. Marital status: Married Single Divorced Widowed Cohabiting

3. Total number in household _____ Number of children under 18: _____ and their ages: _____

A. Church Attendance/Affiliation

4. Where do you attend church? Christiansburg Baptist Church Other: _____

5. How often do you attend? On occasion Monthly Weekly Never

List Ministry(ies) you are involved in at your church: _____

6. If you do not attend CBC, do you know someone here who can help us get to know you and verify your circumstances? Since we are called to carefully and wisely steward what God has entrusted to us, this part is very important.

B. Income and Support

7. Have you received financial assistance from CBC in the past 24 months? If yes, please explain:

8. Have you received assistance from other organizations in the past 12 months? If yes, explain:

9. Are you currently receiving assistance? Please specify monthly amounts:

Child Support \$ _____ Food Stamps \$ _____ Other _____ \$ _____
SSI \$ _____ WIC \$ _____ Other _____ \$ _____

C. Description of Need

10. Briefly describe your need, including dollar amount if applicable. (Please attached verification documentation)

Organization to be paid: _____ Deadline: ____ / ____ / ____

11. Describe briefly what has caused this need to arise?

12. Might this problem arise again? If so, what plan(s) do you have to address it in the future?

13. Have you contacted your family, small group, other churches or organizations for assistance/help? If so, who, and how much assistance have they offered?

14. Is there any other information impacting your need that might help us understand your situation?

{ } I understand that under NO circumstances can CBC pay benevolence directly to an applicant. If assistance is provided, it MUST be paid directly to the organization in order to procure need.

{ } I understand that completion of this application is no guarantee of assistance and that the leadership of CBC will make a final determination concerning assistance based on our Scriptural mandate to use its financial resources to make Christ known.

{ } I certify that the information I have provided is, to the best of my ability, correct. I understand that the information may be verified and that dishonest or deceptive answers provided in conversation or on this document will constitute immediate denial of assistance.

Signed: _____ Date: _____

----- OFFICE USE -----

Authorizing Deacon: _____

Reason if not approved: _____

(Sign if approved)

I, _____, acknowledge receipt of \$ _____ towards the above stated need. I provided no goods or services in exchange for this support.

Signature: _____ Date: _____

