

Questionnaire For Benevolence

Date: _____

To better assist us in helping you with your financial needs we ask that you fill out this questionnaire. Check appropriate item and give a brief explanation.

Name: _____

Address: _____

Phone: _____

- 1. ___ Financial problems have been mounting over time and have finally reached a crisis
- 2. ___ An unforeseen emergency happened
- 3. ___ Job loss occurred
- 4. ___ Major health problems
- 5. ___ Difficulty budgeting
- 6. ___ Other _____

Explanation: _____

If there is difficulty in budgeting and your financial situation is an ongoing difficulty are you willing to receive financial counseling for the purpose of growing in your Christian walk financially?
 Yes ___ No ___

Statement of need. Example: (Food, Housing, Prayer, Counseling, Utility's Etc.)



Deacon/Elder: OKed Yes / No Amount: _____

Comments _____

Signature: _____