

New Home Baptist Church  
1144 W. Sherman St.  
Phoenix, AZ 85007

Church Office # \_\_\_ / \_\_\_ / \_\_\_\_\_

**BENEVOLENT REQUEST FORM**

Date of Request: \_\_\_\_\_ Date Funds Are Needed \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's Cell \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Children: Names and Ages \_\_\_\_\_

\_\_\_\_\_ Who else lives in your household? \_\_\_\_\_

Please explain Reason for Request: \_\_\_\_\_

Are you a Member of New Home Baptist Church?  Yes  No

Do you attend a service at New Home at least monthly?  Yes  No

Do you give financially to New Home at least monthly?  Yes  No

What Ministries are you involved in at New Home? \_\_\_\_\_  None

Please provide the name and phone numbers of organizations that you have already contacted for assistance:

\_\_\_\_\_  
\_\_\_\_\_

How will this need be met next month and in the future? \_\_\_\_\_

Have you received assistance from New Home in the Past 12 Months?  Yes  No

If assisted, will you commit to attend a free Financial Wellness Class at New Home or meet with a Certified Financial Coach?  Yes  No

If assisted, please provide the Name and Phone # of the entity check(s) should be made payable to:

\_\_\_\_\_

Do we have your permission to use this information with other service providers?  Yes  No

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**FOR CHURCH USE ONLY**

*(Please have Requestor complete page one only)*

PLEASE NOTE: If assistance is granted, itemized payments and receipts must be attached.

Date Received \_\_\_\_\_

Request Approved / Denied by: \_\_\_\_\_  
\_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

Has Requestor been granted any prior assistance? [ ] Yes [ ] No Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check # \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

Check(s) made Payable to: \_\_\_\_\_  
\_\_\_\_\_

Check(s) Received by: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_