## Request For Assistance – Benevolence Beaver Creek Christian Church

Last Name:	First Name:	N	fiddle Initial:
Address:			Apt. #:
P.O. Box #: City: _		State: 2	Zip Code:
Home Phone #:	Cell Phone #:	Driver's License #:	State:
Do you rent your home?	If yes, please list your landlord's na	ame and phone number:	
Name:		Phone #:	
Do you own your own home?	If yes, please list the name and	phone number of your mo	ortgage company:
Name:		Phone #:	
Electric Company account number:			
Gas Company account number:			
LIST TWO REFERENCES (name,	address & phone number):		
1)			
2)			
How many people are in your house	ehold? Please list eac	ch person and their age:	
Are you currently employed? ( )	res ( ) No		
If yes, Employer:	Woi	rk Phone Number:	
If no, when did work last?	Former Employer:		
Phone Number:	Why are you not	working?	
	ernment aid (financial or otherwise)? ( surance, social security, disability, Work		nat type of aid are you receiving
Social Security Number:	Welfare Case Num	ber:	
Where do your closest relative(s) liv	re?		
Name:	Address:	P	hone:
Name:	Address:	P	hone:
Do your relatives know about your r	need? ( ) Yes ( ) No If no, Why	not?	
Are you a church member? ( ) Y	es ( ) No If yes, what church?		
Mailing Address:		Pastor:	
City: State:	Zip Code: _ Phone:		
	) No Have you asked your own congre	•	) Yes ( ) No

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What is your need? (Specific):				
What has happened in your life right now that causes you to need assistance?	_			
Why did you pick Beaver Creek Christian to ask for assistance?				
Have we helped you before? If yes, how did we help you?	_			
Where have you sought help locally and what was their response?	_			
If we were willing to help you, would you be willing to do some work for us? ( ) Yes ( ) No We have the following work needs to be done:	— that			
1. Washing Windows ( ) Yes ( ) No				
2. Cleaning the light fixtures ( ) Yes ( ) No				
3. Clearing the weeds and branches in the yard ( ) Yes ( ) No				
<ul><li>4. Painting ( ) Yes ( ) No</li><li>5. Dusting and removing cobb webbs ( ) Yes ( ) No</li></ul>				
6				
7				
8	_			
9				
10	_			
Would you be willing to attend our church for a 4 week period following our assistance? ( ) Yes ( ) No				
If Transient, What is your destination?	_			
Name where you'll be staying:				
AddressPhone				
Why are you moving?	_			
**FOR OFFICE USE ONLY**				
ACTION TAKEN:				
1. Give the person a New Testament. ( ) Yes ( ) No (don't forget to photo copy driver's license)				
2. Assistance Rendered:	_			
Assistance Declined (reason):	_			
4. Prayer with the needy. ( ) Yes ( ) No	_			
5. Give them information (brochure, welcome pack) on the church? ( ) Yes ( ) No				