

Personal Care/Benevolence Request

Please fill out as completely and honestly as possible.

Name _____ Date of Request _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip _____ Phone _____

1. Why are you asking for help?

Please describe the events that led to this request.

Members of Covenant Community Church may skip questions 2 & 3

2. What steps have you already taken to provide for your needs?

Have you asked family/friends for help? Have you contacted other social organizations? Please list all actions taken prior to asking the church for help.

3. What do you plan to do so that this doesn't happen again?

Please describe planned changes in income, spending, and lifestyle that might improve your situation.

Bills that need paid

Please put these in order of importance. We cannot guarantee to pay any or every bill, but it helps to know the full scope of what help you're seeking.

Company/Collector Name	Address, Phone Number	Amount

NOTE: You must attach a copy (not the original) of any bill.

We can only pay bills directly. We cannot write you a personal check.¹

Total amount requested: _____

Additional Comments

Please include any other information you think we should know to help us in making our decision

To be completed by Pastor/Chair

Amount approved _____

PCF []

Ben []

Pastor Signature

Council Chairperson Signature

¹ Exceptions may occasionally be made for CCC members at the discretion of the Pastor and/or Council Chairperson.