

## Cross Culture Church Benevolence Request Form

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone# (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

1. In your opinion which description best describes your financial situation?  
 Short term emergency     Short term problem     Long term problem
2. The total amount of your request is \_\_\_\_\_
3. What is it for? \_\_\_\_\_
4. Who should we make the check payable to? \_\_\_\_\_
5. If related, are you interested in receiving financial counseling?  Yes     No
6. Are you currently employed?     Yes     No     Full-Time     Part-Time
7. If married, is your spouse employed?  Yes     No     Full-Time     Part-Time
8. Briefly, explain your needs and what led you to request assistance. We will be praying for you and providing counsel where needed.

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Signature \_\_\_\_\_ If married, signature of spouse \_\_\_\_\_

**Submit this form along with supporting documentation to [admin@crossculturechicago.org](mailto:admin@crossculturechicago.org)**

**Official Use Only**

Elder \_\_\_\_\_

Approved

Need more information

Denied

Information needed \_\_\_\_\_

Funds Paid to: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Funds Sent on: \_\_\_\_\_

Check

Zelle/QuickPay

Gift card

Recommendations:

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If Denied

Reason: \_\_\_\_\_

Communicated with Individual on: \_\_\_\_\_