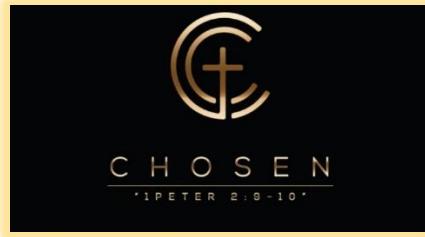


## PINS Request Form for Financial Assistance



*“To serve one another in love.” Galatians 5:13. We treat all those we serve with compassion, kindness, and respect. We rise by lifting others.*

### **General Information:**

Full Name of Requestor: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse Name: \_\_\_\_\_

No. of Children at Home \_\_\_\_\_

Names & Ages of Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home: Rent \_\_\_\_ Own \_\_\_\_

Employer \_\_\_\_\_

Spouse Employer \_\_\_\_\_

Do you have any other forms of income other than employer wages? \_\_\_\_\_

If so, what? \_\_\_\_\_

### **Chosen Family Information:**

How long have you been a partner of Chosen Church? \_\_\_\_\_

Do you attend Chosen church regularly on Sunday and Wednesday? Yes \_\_\_\_ No \_\_\_\_

Do you give regularly to Chosen? Yes  No

Are you currently a servant at Chosen? Yes  No

If so, in what capacity do you serve?

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Has Chosen helped you financially in the past?

What events lead to your need for assistance?

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What help was given and when?

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**Financial Information:**

Current Monthly Take Home Income: \$

Are you receiving financial assistance from any other source/group? Yes  No

Amount? \$

Please list the source from whom you are receiving assistance:

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How much total benevolence are you requesting? \$

Please note individual needs that make up the total:

Amount/Purpose: \$  for

Amount/Purpose: \$  for

Amount/Purpose: \$  for

Amount/Purpose: \$  for

Have you contacted anyone else for assistance within the last six months? (*Family, friends, churches, and other agencies.*) Yes  No

What steps are you taking to improve your present situation?

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**Please upload the following attachments:**

- Utility Bill**
- Mortgage Statement/Rent**
- Car repairs**
- Other bills that factor into your request for financial assistance**

**Release of Information:**

I hereby authorize the release of information to Chosen Church to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand Chosen Church may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for Chosen Church to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information on this application will remain as private as possible within these entities.

I have read, understood, and agree to the policies above regarding the Release of Information.

Signature: \_\_\_\_\_

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

**Please send the completed form to Sis. Kachema Woodruff-PINS leader and she will be in contact with you within 72 hours.**