

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?

Has Chosen helped you financially in the past? _____

What events lead to your need for assistance?

What help was given and when?

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:

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?

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.