

**REQUEST FOR FINANCIAL ASSISTANCE  
FRIENDSHIP BAPTIST CHURCH**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home you live in: Rent ( ) ; OWN ( ) ; Live with relative ( ) Who? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ weeks months years

Telephone: (home) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name & Ages of everyone living in your home:

NAME	AGE	WORK?	WHERE?
Adults: _____	_____	_____	_____
_____	_____	_____	_____

NAME	AGE	SCHOOL GRADE?
Children: _____	_____	_____
_____	_____	_____

Please explain your hardship \_\_\_\_\_

How long has this situation been going on? \_\_\_\_\_ Any change expected? \_\_\_\_\_

Where do your closest relatives live? \_\_\_\_\_

How much assistance do you need? \$ \_\_\_\_\_

What business to pay to? Company name: \_\_\_\_\_

Company phone: \_\_\_\_\_

Company address: \_\_\_\_\_

When were you last employed? \_\_\_\_\_ Where? \_\_\_\_\_

What income do you receive now? \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Are you receiving any aid (financial or otherwise) from any government agency (unemployment, S.S., workers comp., etc.)? \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Have you contacted them for assistance? \_\_\_\_\_ Results: \_\_\_\_\_

If no, are you interested in attending Friendship Baptist Church? \_\_\_\_\_

When was the last time you received assistance from a church? \_\_\_\_\_

Have you contacted the Salvation Army? 922-2226 \_\_\_\_\_

Have you contacted the Heart of Georgia Community Action Agency? 374-4301 \_\_\_\_\_

Have you contacted Christian Social Ministries? 329-0760 \_\_\_\_\_

Have you contacted the Middle GA Community Service Center? 922-4464 \_\_\_\_\_

Have you contacted the Middle GA Community Action Agency? 328-0333 \_\_\_\_\_

Have you contacted HODAC? 943-5675 \_\_\_\_\_

Have you contacted any other local church? \_\_\_\_\_ Results? \_\_\_\_\_

If you are traveling, what is your destination? \_\_\_\_\_

Are you in need of free medical care that is only available to working, uninsured citizens of Houston County? If so, you may call, 953-9730. (Volunteer Medical Clinic)

Please understand that Friendship Baptist Church is not a government-assisted agency. All available resources are a result of direct donations of our congregation.

**ALL REQUESTS ARE FORWARDED TO OUR BENEVOLENCE COMMITTEE.  
PLEASE ALLOW UP TO 3 WORKING DAYS FOR A RESPONSE.**