

Financial Assistance Request Form

Print Full Name: _____

Current Address: _____ Zip Code: _____

Previous Address: _____ Birthdate: ___/___/___

Phone: _____ Driver's License # _____

Social Security # ____ - ____ - ____ Monthly Income \$ _____

Church Name (if applicable): _____ Pastor: _____

People in Household

<u>Name</u>	<u>Age</u>	<u>Relation to Applicant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for requesting assistance: _____

To be considered for financial assistance, all information on this form must be complete. Completed forms may be turned in to Share Closet personnel or sent to:

Northfield Christian Fellowship
P.O. Box 1542
Tremont, IL 61568
Or email to:
scsoulmanager@gmail.com

*** Completion of this form does not guarantee assistance. Processing of request may take up to two weeks.**

Office use only:

CC Complete Date: _____ Accepted Declined

Amount Received: _____ Recorded Date: _____

Reason: _____