

FAIRVIEW BAPTIST CHURCH
MEMBERS BENEVOLENCE REQUEST FORM

Please understand that in order to help as many people as we can, we have a process for assisting with financial needs. This process includes:

- Questionnaire for information and records
- Conversations with those overseeing financial assistance
- The ability to connect with those to whom payments may be made (ex. landlord, utility company, etc.)

If the information needed for the process of financial assistance cannot be completed, financial assistance may not be available. Also, a completed form does not guarantee financial assistance will be given.

The primary purpose of this fund is to help those in emergency situations and financial situations that are unforeseen or unexpected.

If you need long-term assistance, please indicate that on the form below, and understand that long-term assistance will be given through other means besides this fund.

Should you need pastoral counseling or prayer, please indicate that on the form below.

Please remember to join us for a Sunday morning service or view the service live online.

- Sunday mornings 10:30am (5608 Ten Ten Rd, Apex, NC 27539)
- Online at facebook.com/fairviewbaptistchurchapex

REQUEST FORM

Date: _____ Are you a covenant member? _____

Full Name: _____ Spouse Name: _____

Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

Help us understand your situation by answering the following questions.

1. What is your specific need? If it is a bill that needs payment, please provide the due date, the dollar amount, and the contact information of the payee (ex. Landlord, utility company, etc.).

2. Would you like to speak with a pastor? YES NO

3. Do you think you need long-term assistance? YES NO

4. What other types of assistance are you interested in? Check all that apply:

FINANCIAL COUNSELING JOB HUNTING JOB INTERVIEW TRAINING

OTHER: _____

By signing below, I understand that there is no guarantee of assistance, and I will be contacted at the information provided above if assistance will be given.

Signature of person requesting assistance:

_____ Date: _____

OFFICIAL USE ONLY

(to be completed by overseeing benevolence deacon and/or staff)

This request was processed by (name of deacon or staff member): _____

Notes or additional information on this request: _____

Is this request approved by the benevolence deacons? ___YES ___NO

If YES, what action will be taken? (Please note that bills must be paid directly to payee, not to the person requesting assistance.)

Financial Action: _____

Check payable to: _____

Amount: _____ Date: _____

If assistance is not financial, what type of assistance is needed? (financial counseling, job hunting, interview training, donations, etc.) _____

Signature: _____ Date: _____