

# Personal Care/Benevolence Request

Please fill out as completely and honestly as possible.

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## 1. Why are you asking for help?

*Please describe the events that led to this request.*

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**Members of Covenant Community Church may skip questions 2 & 3**

## 2. What steps have you already taken to provide for your needs?

*Have you asked family/friends for help? Have you contacted other social organizations? Please list all actions taken prior to asking the church for help.*

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## 3. What do you plan to do so that this doesn't happen again?

*Please describe planned changes in income, spending, and lifestyle that might improve your situation.*

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**Bills that need paid**

*Please put these in order of importance. We cannot guarantee to pay any or every bill, but it helps to know the full scope of what help you're seeking.*

Company/Collector Name	Address, Phone Number	Amount

**NOTE: You must attach a copy (not the original) of any bill.**

**We can only pay bills directly. We cannot write you a personal check.<sup>1</sup>**

Total amount requested: \_\_\_\_\_

**Additional Comments**

*Please include any other information you think we should know to help us in making our decision*

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***To be completed by Pastor/Chair***

Amount approved _____	PCF [ ]	Ben [ ]
_____ <i>Pastor Signature</i>	_____ <i>Council Chairperson Signature</i>	

<sup>1</sup> Exceptions may occasionally be made for CCC members at the discretion of the Pastor and/or Council Chairperson.