

DOUBLE SPRINGS BAPTIST CHURCH

Financial and Social Questionnaire For Requesting Benevolent Funds

Please answer the following questions:

Date: _____

Name: _____

Address: _____

Phone Number: _____

Are you a member of any Church? Yes No

If yes, what is the name and location of your Church:

Pastor's Name: _____

Do you attend Church? Regular Sometimes Never

How or Who referred you to Double Springs Baptist Church?

What happened to bring on this need? (Please be specific): _____

Who are your Household Members and close Relations?

<u>Name/Address</u>	<u>Age</u>	<u>Live with you</u>	<u>Employed</u>
_____	_____	yes___ no___	yes___ no___
_____	_____	yes___ no___	yes___ no___
_____	_____	yes___ no___	yes___ no___
_____	_____	yes___ no___	yes___ no___
_____	_____	yes___ no___	yes___ no___
_____	_____	yes___ no___	yes___ no___

Do they know about your need? Yes No

Are you receiving any Aid (financial or otherwise) from a government agency (Social Security, Unemployment, Workers Compensation, etc. ...)? _____

Are you employed? Yes No If Yes, where? _____

How long?: _____ Rate of pay: _____ Hours per Week: _____

Are you willing to work today if we know of an available job? Yes No

Do you or any other member(s) of your family (household) receive any additional income? Yes No

If Yes, please indicate source of income: _____

Have you asked or received help from Double Springs Baptist Church before? Yes No

If Yes, when and for what reason? _____

Have you asked for financial help from any other Church(s)? Yes No

If Yes, what Church? _____

What help did you receive? _____

Monthly Obligations:

Rent/House Payment:	\$ _____	Electric:	\$ _____
Heat/Air:	\$ _____	Phone:	\$ _____
Car Payment:	\$ _____	Cable:	\$ _____
Child Care:	\$ _____	Gas:	\$ _____
Food:	\$ _____	Clothes:	\$ _____
Medical:	\$ _____	Miscellaneous	\$ _____

Please indicate any other financial obligations you may have on a monthly basis: _____

If we are unable to help you, what other options do you have? _____

If we are able to help you, how many people are involved? List by Name: _____

Do you have some form of Identification? ___Yes ___No

The above information is true and complete to the best of my knowledge.

Signature

Date

Consent For Release of Information

I give my permission to Double Springs Baptist Church to request information from any source needed to verify and establish any financial need(s) that I may have. Unless revoked by me, this consent shall be valid for the effective life of my current request for assistance.

Signature: _____

Date: _____

Witnessed By:
