



Cedar Baptist Church  
Benevolence Ministry

Assistance Application

Date: \_\_\_\_\_  Own  Rent  Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_  Single  Married  Divorced  Separated  Widow

Children's Ages \_\_\_\_\_

Needs:  Food  Clothing  Shelter  Rent/Mortgage  Utilities

Transient  Other (Explain): \_\_\_\_\_

Deadline: \_\_\_\_\_ Amount Needed \$ \_\_\_\_\_

Have you been helped previously by this Church?  Yes  No

What did you receive? When? \_\_\_\_\_

How did you hear about this Church?  TV  Relative  Agency  Friend

Other (Explain) \_\_\_\_\_

Please explain the circumstances which brought about this need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Church \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street City State Zip

Pastor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

If you are requesting a bill payment, please supply the following information:

Company Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_

Amount Required \$ \_\_\_\_\_

**Do Not Write Below This Line  
For Church Use Only**

Date application received in this office \_\_\_\_\_

Information from Community Help Line (Contact Name) \_\_\_\_\_

Disapproved \_\_\_\_\_ Reason \_\_\_\_\_

Approved \_\_\_\_\_ Approved By \_\_\_\_\_

Check Payable to whom? \_\_\_\_\_ Amount \_\_\_\_\_ Check# \_\_\_\_\_

Send to where? \_\_\_\_\_ Address \_\_\_\_\_

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

Date Paid \_\_\_\_\_ Written by \_\_\_\_\_

Attach any additional comments: