**Financial Relief Request Form for Non-Members**

**Sunnyside Christian Reformed Church**

**700 North 16th Street, Sunnyside, Washington 98944**

**In order for us to assess your financial needs, please complete this entire form. Mail it or hand deliver it to the church office. All requests will be thoroughly reviewed by the church deacons.**

**You will be notified by phone or mail on the approval or rejection of your financial relief request.**

Name: Cell Phone:

Email Address: Home Phone:

Street Address: Driver’s License No:

City: Zip Code:

Mailing Address (if different):

Other way we can contact you:

Dollar amount requested: $ Money would be used for (circle any that applies):

Gas Food Clothes Rent Utilities Medicine

Other (provide description):

Do you have children at your house that you are responsible for supporting? Yes No

How many? Please provide identification (such as most recent report card)

Marital status: Married Single

When is the best time for you to meet in person with the church deacons? (required)

Day of the week: Time:

Location (church, place of business, home, etc.):

Have you ever been to a Sunnyside CRC or Iglesia Evangelica church service? Yes No

Are you a member or a frequent visitor of another local church? Yes No

If yes, which church?

Have you gone elsewhere for help? Yes No

If yes, where?

Are you? (circle any that applies)

Employed Full Time Employed Part Time Looking for Work Recently Laid Off

Recently Fired Voluntarily Quit Disabled or Elderly At Home with Children

Other:

Would you be interested in receiving information about a Christian-based financial planning class?

Yes No

Would you be interested in receiving information concerning counseling services (e.g., abuse, abortion, drug/alcohol, marriage, spiritual, or other)?

Yes No

Would you like your name to be added to our church-wide prayer list?

Yes No

Signed: Date:

The Deacons could edit this box below to indicate when they received the request, who reviewed it, when they met with the requestor, etc.

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| For Office Use Only:  Date Paid: Check Number:  User’s Insurance Policy Verified:  Notes: |