



OAK
C H U R C H

Financial Assistance Request Form

We believe that everyone comes to church with all kinds of needs; needs we feel in our bodies, our bank accounts, our relationships, and our souls. We ask for God’s help that we might be Jesus to each other and give out of the abundance God has given us. This form is part of the provision we want to give each other, but it does not need to be the only way that you help and are helped by this community. We respect you as our peer and as a member in our community. As we open ourselves to embrace you, we ask that you would be as open with us as you are able.

Contact

Name _____

Age _____

Phone Number _____

Address _____

City/State _____

Name and Location of Home church (if any): _____

Family

_____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Name, age, and relationship of only those who are currently living with you on a daily basis.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work & Finance

Current/Most Recent Employer and Occupation

If not currently working, check here

List what type of financial aid you receive: Unemployment Insurance
 Social Security
 Worker's Compensation
 Disability
 Other (explain)

If you have a payee, check here:

Name _____ Phone _____

Assistance

Briefly explain circumstances that brought about this need.

Amount Requested _____

I would like to be referred to an agency or ministry related to my request.

I would like a pastor or leader from Oak Church to pray with and for me.

*I give my permission to have the appropriate church personnel validate any of the above information.

Signature _____

Print Name _____ Date _____

**All of the above information as well as any information gathered from a budget counselor or finance committee will remain confidential except for those in the decision making process.