

CORNERSTONE FELLOWSHIP BENEVOLENCE REQUEST

Church/Deacon Contact: _____

Date of Request: _____

Name of Person making request: _____

Address: _____ Phone: _____

Email: _____

1. What is your exact need?

Place to stay. How long? _____

Food. How much for how long? _____

Money. How much? _____

Specify exact uses and amounts: _____

Other. (Explain) _____

2. Have you asked for assistance before? (Explain)

Yes

No

3. If you need a place to stay,

a. Where are you staying now? _____

b. Why are you leaving? _____

c. What are you looking for? _____

d. Would you be willing to stay in a shelter until you get relocated?

Yes

No

4. Are you employed?

Yes

No

Work Number _____

What is your income? _____

When is your next paycheck? _____

5. Are you receiving any type of financial aid or welfare assistance?

Yes

No

If yes, how much are you receiving? _____