



BENEVOLENCE REQUEST FORM

A. REQUESTOR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Length of Employment: _____

B. PAYEE INFORMATION (*person/company to whom money is owed*):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Amount Due: _____ Account #: _____ Date Due: _____

C. PURPOSE:

Mortgage/Rent	
Medical Services	
Utilities	
Vehicle	
Other	

D. WHAT ARE YOU ASKING FOR AND WHY: (Please explain in detail)

Amount Requested: _____

Date of Request: _____

E. GENERAL INFORMATION:

1. Are you an HBCPN employee, officer, or ministry team member, or related to one?

No	
Yes	

If "Yes," who? _____

2. Have you received assistance from HBCPN in the past 12 months?

No	
Yes	

If "Yes," explain:

3. What steps have you taken to obtain assistance from non-HBCPN sources?

F. RECIPIENT'S SIGNATURE: _____ Date: _____

G. ACTION TAKEN (For Office Use):

Amount Approved:				
Amount Reported as Taxable Income:				
Form:	Cash		Gift Card	

Custodian Name & Signature	Date