



**Sierra Vista Seventh-day Adventist Church Financial Assistance Policy Summary**

- Only requests for necessities, including, but not limited to, rent, utilities, fuel, insurance, medical bills, etc.
- Funds will never be paid directly to the person/family requesting assistance or applied to credit card accounts.
- Supporting invoices or receipts must be attached.
- Calendar-year limits apply.
- Subject to approval by church committee.

**Personal Information**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Phone # hm \_\_\_\_\_ wk \_\_\_\_\_ cell \_\_\_\_\_

**Employment Information**

Current employer \_\_\_\_\_

How long have you worked there? From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous employer \_\_\_\_\_

How long did you work there? From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are currently unable to work, state why below:

**Church Membership Information**

Are you a member of the Sierra Vista SDA Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Financial Information**

What caused your current financial shortcoming?

What steps have you taken to resolve the situation before contacting the Sierra Vista SDA Church?

Have you received financial assistance from Sierra Vista SDA Church before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Amount received \$ \_\_\_\_\_ If "yes", when did you receive assistance? \_\_\_\_\_

How much money are you requesting? \$ \_\_\_\_\_ for \_\_\_\_\_

**Please Indicate**

Who referred you to the Sierra Vista SDA church? \_\_\_\_\_

Do you need prayer? \_\_\_\_\_ Would you like Bible Studies? \_\_\_\_\_

Would you like a ride to church? \_\_\_\_\_ Would you like a visit from the Pastor? \_\_\_\_\_

----- For Church Use -----

**Approval** \_\_\_\_\_