Christ Church Anglican 5500 W 91st Street Overland Park, KS 66207 www.christchurch-op.org 913-648-2271

Benevolence Fund Application

Today's date:	Date when assistance is needed:				
Background: Please provide information on the reason you are applying to the Benevolence Fund for help.					
Personal Information					
Yours:					
Name					
Address					
Home Phone					
Cell Phone					
Email					
Martial status: (M, W, D, S)					
Year/month you started attending CCA					
Spouse's:					
Name					
Address (if different)					
Home Phone (if different)					
Cell Phone					
Email					
Children:					
Name/Age					

ur Employer Contact Information					
ur Employer Contact Information					
Company Name & Contact person					
Address					
Business Phone					
Email					
ancial Information					
ome:	You	Spouse	Total		
Payment schedule: (weekly, bi-wkly, monthly)					
Payment timing: (e.g. 1st and 3rd Friday)					
Net income (take home pay) per month			\$ -		
Other income (e.g. disability, Social Security, etc.)			\$ -		
(Please attach invoices/bills for each category) Bills will need to have Company Name, Address, Pho	ne. Acct # and	d the amount of	the bill.		
	,		Amount		
		Date Due	Owed	Contact Person Name	Contact Phone Number
Mortgage/rent - Name					
Medical - Name					
Utility #1 - Name					
Utility #2 - Name					
Utility #3 - Name					
Utility #4 - Name					
Health insurance - Name					
Auto insurance - Name					
Other - Specify - Name					
Total amount requested			\$ -		

Feel free to attach your own totaled up list if you need more room.

SEE PAGE 3

References	
Family member	
Name	
Address	
Home Phone	
Email	
How you are related	
Family member	
Name	
Address	
Home Phone	
Email	
How you are related	
CCA Lay leader (e.g. small group leader, ministry leade	r)
Name	
Address	
Home Phone	
Email	
How they know you	
CCA Lay leader (e.g. small group leader, ministry leade	r)
Name	
Address	
Home Phone	
Email	
How they know you	
Other Considerations: Anything else we s	should know?
, ,	