Financial Relief Request Form for Non-Members
Sunnyside Christian Reformed Church
700 North 16th Street, Sunnyside, Washington 98944

In order for us to assess your financial needs, please complete this entire form. Mail it or hand deliver it to the church office. All requests will be thoroughly reviewed by the church deacons. You will be notified by phone or mail on the approval or rejection of your financial relief request.

Name: _____   Cell Phone: _____

Email Address: _____   Home Phone: _____

Street Address: _____   Driver's License No: _____

City: _____   Zip Code: _____

Mailing Address (if different): _____

Other way we can contact you: _____

Dollar amount requested: $ _____   Money would be used for (circle any that applies):

Gas   Food   Clothes   Rent   Utilities   Medicine

Other (provide description): _____

Do you have children at your house that you are responsible for supporting?   Yes _____ No _____

How many? _____   Please provide identification (such as most recent report card)

Marital status: Married _____   Single _____

When is the best time for you to meet in person with the church deacons? (required)

Day of the week: _____   Time: _____

Location (church, place of business, home, etc.): _____

Have you ever been to a Sunnyside CRC or Iglesia Evangelica church service?   Yes _____ No _____

Are you a member or a frequent visitor of another local church?   Yes _____ No _____

If yes, which church? _____

Have you gone elsewhere for help?   Yes _____ No _____

If yes, where? _____

_____

Are you? (circle any that applies)

Employed Full Time   Employed Part Time   Looking for Work   Recently Laid Off

Recently Fired   Voluntarily Quit   Disabled or Elderly   At Home with Children

Other: _____

Would you be interested in receiving information about a Christian-based financial planning class?

Yes _____ No _____

Would you be interested in receiving information concerning counseling services (e.g., abuse, abortion, drug/alcohol, marriage, spiritual, or other)?

Yes _____ No _____

Would you like your name to be added to our church-wide prayer list?

Yes _____ No _____

Signed:_____ Date: _____

The Deacons could edit this box below to indicate when they received the request, who reviewed it, when they met with the requestor, etc.

For Office Use Only:

Date Paid: _____ Check Number: _____

User's Insurance Policy Verified: _____

Notes: _____

_____

_____

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