



Giving Financial Hope Through Christian Care
BAPTIST COMMUNITY SERVICES

REQUEST FORM

Badge # _____ Date _____

Cell Phone _____ Other Phone _____

Dept. _____ Bldg. _____ Hire Date _____

What bill(s) are you needing assistance with? (rent, car repair, Xcel Energy, City of Amarillo, etc.)

Description/Company _____ Amount _____

Description/Company _____ Amount _____

Description/Company _____ Amount _____

Please explain the emergency/circumstances that caused your need (use additional paper if needed)

- * Each request is held in the highest confidentiality.
- *Each request is considered on a case by case basis.
- *Failure to furnish supporting documents may cause your request to be delayed or denied.
- *Assistance depends on the funds available and is not guaranteed.

***Age and gender of children living with you, for whom you have legal custody:**

1. _____ 2. _____ 3. _____ 4. _____

***Do any other individuals (over 18) live with you? If yes, check all that apply:**

- Spouse Father Mother Brother Sister Grandparent
 Uncle Aunt Cousin Other _____

***Are you currently receiving any type of assistance?** (Food Stamps, CCMS, HUD, Child Support, etc.)

Yes No If yes: Type? _____ Amount _____

***Have you applied for any type of assistance?** (Food Stamps, CCMS, HUD, Child Support, etc.)

Yes No If yes: Type? _____ Amount _____

Monthly Family Income: Source #1 _____ Amount _____

(BCS job, 2nd job, spouse job, etc.)

Source #2 _____ Amount _____

List of monthly expenses:

Bills:

Rent/Mortgage _____ Electric _____ Gas _____ Water _____

Cell Phone _____ Cable/Internet _____

Other:

Car _____ Car Ins. _____ Gas for car _____

Groceries _____ Childcare _____ Other _____

Important Documents The Committee Needs Along with Your Request Form

- Copies of your 2 most recent BCS paystubs
- Copy of bill, payment due, and/or price quote you're asking for help with – (if applicable)
- Receipt(s) of expenses you've already incurred – if these expenses caused the shortage of funds leading to this request – (if applicable)

***Please return this completed form – along with supporting documents – to the Pastoral Care Office in the Well – 1400 S. Van Buren**

(someone will then contact you to follow-up on your request)