

Benevolence Information Sheet

First Assembly of God Church, Inc.

918.540.1585

1815 E. Steve Owens Blvd.

Miami, OK 74354



Obtain copy of valid driver's license or ID: _____

Date: _____ ☐ Own ☐ Rent ☐ Other _____

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Age _____ ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

Applicant's Employment _____

Spouse's Name _____ Spouse's Employment _____

Children's Ages _____

Please explain the circumstance which brought about this need?

Deadline: _____ Amount Needed \$ _____

Have you been helped previously by this Church? ☐ Yes ☐ No

What did you receive? When? _____

How did you hear about this Church? ☐ Relative ☐ Agency ☐ Friend ☐ Other (explain)

Home Church _____ Church Phone _____

Church Address _____

Street

City

State

Zip

Pastor _____ Phone _____

Landlord's Name _____ Phone _____

Landlord's Address _____

Street

City

State

Zip

If you are requesting a bill payment, please supply the following information (for more than one bill, please attach the additional information):

Company Name _____ Phone (____) _____

Contact Person _____

Name

City

State

Zip

Account Number _____ Total Amount Due \$ _____

Amount Required \$ _____

----- **Do Not Write Below This Line** -----
For Church Use Only

Date application received in this office _____

Disapproved _____ Reason _____

Approved _____ Approved by: (Two of Benevolence Committee Members): 1. _____

2. _____

Check payable to whom? _____ Amount \$ _____ Check # _____

Send to where? _____ Address _____

City _____ State _____ Zip _____

Date paid _____ Written by _____

Attach any additional comments: