



## Guidelines for Benevolent Assistance:

- This form is an application to apply for Benevolent Assistance. Assistance is not guaranteed.
- Assistance decisions will follow the guidelines that have been established by the deacons at CrossPoint Church.
- The information on this form is confidential. The deacons at CrossPoint Church will be the only people to have access to this information.
- If the assistance needed is due to loss of employment or medical bills caused by the Covid-19 pandemic, assistance is available for CrossPoint Church members only.
- By completing this form, you have agreed to these guidelines.

For CrossPoint Church members only: You may make a request for a member of CrossPoint Church. Please contact the deacons at deacons@crosspointchino.org and give the name(s),a contact phone number and/or email of this person or family, and the reason for financial assistance

| Date of Application (today's date):            |   |                   |  |
|--|---|-------------------|--|
| Name of Person Applying:                       |   |                   |  |
| Address:                                       |   |                   |  |
| (street)                                       | (city)  | (zip)             |  |
| Phone Number:                                  | This number is a: □ cell phone □ landline     |                   |  |
| Email:   |   |                   |  |
| I am a: ☐ Member of CrossPoint ☐ Regula        | r Attender 🛘 Occasional Attender (3-4 times i | in the last year) |  |
| ☐ New Attender ☐ Guest                         |   |                   |  |
| How many people live in your household? _      |   |                   |  |
| Please list names and ages of all those living | in your household, including adult children:  |                   |  |



*If you are not a member of CrossPoint Church*, please give us two reference names, phone numbers, and relationship to you. They will be contacted by a deacon to verify the information.

| Reference #1 Name:            |                      |                         | Phone:               |                     |
|-------------------------------|----------------------|-------------------------|----------------------|---------------------|
| Relationship to you:          |                      |                         |                      |                     |
| Reference #2 Name:            |                      |                         | Phone:               |                     |
| Relationship to you:          |                      |                         |                      |                     |
| Please briefly explain your n | eed for financial as | sistance and any circui | mstance which brougl | nt about this need. |
|                               |                      |                         |                      |                     |
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|                               |                      |                         |                      |                     |
| Printed Name:                 | Signa                | ature:                  |                      | _ Date:             |
|                               |                      |                         |                      |                     |
|                               |                      | FOR OFFICE USE ONLY     |                      |                     |
| Approved / Declined on        |                      | By 🗖 Email 🗖 Phone 🗖 I  |                      | e:                  |
|                               | Check Number:        | Amount                  | :                    |                     |