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**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](mailto: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

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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  Regular Attender  Occasional Attender (3-4 times 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:

