For office use only:
Date Received: / / Received by: Date Ref. Call: / / Approved / Declined / Declined Help Applicant called: / /



## **REQUEST FORM**

This form must be filled out completely for all financial requests.

All financial requests will be prayerfully considered, and you will be notified of decisions by phone.

## Incomplete forms will not be processed.

	Date of Application:					
Name:		DOB:				
Address:	Citv:	000	— State:			
7IP: Home Phone: ( )	_	Work Phon	e: ( )	 Cell		
Phone( ) E-Mail			o. (			
Marital Status: Married Spouse's Name		Divorce	ed Separated	d Sinale		
Widowed # Children at Home Names/Age	es of Chi	dren:		Home:		
Rent Own Employer:				Hours		
Worked Per Week Spouse's						
Name:						
Employer:		Hours	Worked Per We	eek		
Do you attend Revolution Church or a church? _	No1 Su	nday/month2	Sunday's/month3	3+Sunday's/month		
		ups?				
What is the name and phone number of the lea	der? Nan	ne:	phone			
Have you done an inpatient recovery in the past	t?	if so, wh	at us the name	e and location?		
Current monthly income:						
Do you have family who can help?						
Have you attended financial counseling or subst List the classes:	tance abu	ise classes in	the past?	_		
Are you currently serving as a volunteer at Revo	olution?_			<del></del>		

Which ministry?	Please clearly state your request
(List an amount for every ite	m.):
Sources of income: Employer Name/Address:	
Employer Name/ <b>Address</b> :	
Total Monthly Income:	
Monthly Expenses:	
If requesting funds: Total amount of your request What circumstances brought abo	t: \$ out this need?
	company and where payment is sent: contact name and number:
Are you receiving assistance from	n any other source? Please list those sources:
	o personal <b>Revolution references</b> for us to contact: (Required)  Phone: ()
Relationship:	Phone: () How long have you known them?years,
months	Phone: ( )
Relationship:	Phone: ()
months[]] Who referred you to Revolution:	

Thank you for the opportunity to serve you. Please be aware that Revolution receives many requests and is not able to give financial help to everyone who requests it. We also request that Benevolence "amounts" provided by Revolution be kept in confidence. Please submit your request at the info desk on Sunday mornings or contact Pastor Justin and you will be contacted when your application is processed.

or Official ( lotes Enter	Use Only: ed in F1: B	V	Date		
DD Assistan	ce Approved	by	Date	 Amount	
		,	Benevolence R	equest Approved	Not Approved
Date:_		By:		_ Assistance	
ovided:					
		_			
•	ired for he	•			
		•	ecovery program		
		•	ecovery program		
		weekly AODA			
		ekend Service			
		a budget coa			
	Attend Dav	e Ramsey FP	νU		
	Provide wri	tten budget			
	Get Commi	unity Resource	ces		
		n's/Men's Bib			
			from small group le	eader	
		rs in a Churcl			
	Get legal a		,		
			eaardina:		
	Other actio	iii iteiris			
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im more.					
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		1			

Information provided by you and references will be shared with Administration and Benevolence Team as needed. Your application will be kept in a secure location upon our receiving of it.

"Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus." Phil 4:6-7 NIV