



FIRST BAPTIST
ATLANTA

APPLICATION FOR ASSISTANCE | BENEVOLENCE FUND

ASSISTANCE IS GENERALLY PROVIDED ONCE DURING A TWELVE-MONTH PERIOD FOR MEMBERS

PLEASE EMAIL THIS APPLICATION AND RELATED DOCUMENTATION TO BENEVOLENCE@FBA.ORG.

APPLICANT INFORMATION

Applicant's Name _____ Date of Birth _____

Email _____ Phone _____

Address, City, State, Zip _____

Member of Your Household _____ Relationship _____ Date of Birth _____

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Member of Your Household _____ Relationship _____ Date of Birth _____

FINANCIAL INFORMATION

Are you employed? No Yes Full-time Part-time If no, when were you last employed? _____

Name of closest relative not in your household _____

Do they know of your need? No Yes Have you asked for their assistance? No Yes

Are you receiving any other support/aid (financial or otherwise) from any type of agency (unemployment, insurance, social security, worker's compensation) or church? No Yes

Amount \$ _____ Date _____ Agency and/or Church _____

MEMBERSHIP INFORMATION

Member of First Baptist Church Atlanta No Yes Date of Membership _____

ASSISTANCE REQUESTED

Please be specific for assistance requested and provide a copy of the bill showing the amount due.

Food Funeral Gas/Transportation Mortgage/Rent/Shelter Utilities | Gas/Electric/Water

Company _____ Amount \$ _____ Account Number _____

Contact _____ Email _____ Phone _____

Address, City, State, Zip _____

Company _____ Amount \$ _____ Account Number _____

Contact _____ Email _____ Phone _____

Address, City, State, Zip _____

APPLICANT'S ACKNOWLEDGEMENT

By signing this Application, I give First Baptist Church of Atlanta permission to directly verify any of the information provided in this Application. I understand First Baptist Church of Atlanta is not a government agency. All available resources are the result of direct contributions given to the Benevolence Fund. I understand any assistance provided is paid directly to the company/agency owed. I agree to meet with representatives of First Baptist Church of Atlanta to discuss my need, if necessary.

SIGNATURE OF APPLICANT

DATE