



20915 Schout Road – Tehachapi, CA 93561
661.822.1379 - www.countryoaks.org

Community Benevolence Request Form Guidelines:

1. In order to receive financial assistance from Country Oaks Baptist Church, you must completely fill in the attached Benevolence Request Form. Information provided by you may be shared with Pastors, Deacons or other cooperating charitable organizations as needed.
2. Please attach a photocopy of your bill/statement to your Benevolence Request Form. The preferred method of providing assistance will be to pay the applicant's needs directly to a business provider.
3. The name and address on the bill/statement must be the same name and address on the Benevolence Request form.
4. Please be aware that Country Oaks Baptist Church receives many requests and is not able to give financial help to everyone who requests it.
5. Benevolence Request Forms will be collected and held for processing until 4:00pm on Mondays. Any forms coming in after Mondays at 4:00pm will be processed a week later.
6. The church deacons will receive the Benevolence Request Forms on Tuesday. All financial requests will be prayerfully considered and you will be notified of decisions via phone by a church deacon. This process may take several days. The deacons may need to call you for more information.
7. **PLEASE DO NOT CALL THE CHURCH OFFICE REGARDING THE STATUS OF YOUR REQUEST.** The ladies in the church office will not be able to give you any information.
8. Any benevolence from Country Oaks Baptist Church is a one-time gift and you cannot re-apply for any another assistance for a period of 12 months.
9. We request that any assistance provided by Country Oaks Baptist Church be kept in confidence.
10. Please submit this form to the reception desk and you will be contacted by a church deacon.

Community Benevolence Request Form

This form must be filled out completely for all financial requests. Incomplete forms will not be processed. Information provided by you may be shared with Pastors, Deacons or other cooperating charitable organizations as needed.

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Social Security # _____ E-Mail Address: _____

Marital Status: Married__ Divorced__ Separated__ Single__ Widowed__ Living with boyfriend/girlfriend__

Current monthly income: _____ # Children at Home _____ Other Adults at Home _____

Sources of income/amount: Alimony _____ SSI _____ Child Support _____ Section 8 _____ Welfare _____

Employer: _____ Hours Worked Per Week _____

Spouse's Name & Employer: _____ Hours Worked Per Week _____

Do you attend a church? __No __Yes – if yes, which church _____

What is your pastor's name? _____ Have you asked your own church for help? __No __Yes

Help provided from home church: _____

Please clearly state your request: _____

Amount Requested \$ _____ Check payable to whom? _____

What circumstances brought about this need? _____

What is your plan to prevent this situation from happening again? _____

Has Country Oaks helped you financially in the past? _____ What help was given and when? _____

Are you receiving assistance from any other source? _____ Please list those sources: _____

Who referred you to Country Oaks Baptist Church: _____

My signature below guarantees the information provided above is accurate and true. I also understand that benevolence from this church is a one-time gift and I cannot re-apply for another request for a period of 12 months.

Signature of Person Requesting

Date