



CASCADES
PRESBYTERIAN CHURCH

APPLICATION FOR BENEVOLENCE
(email to office@caspres.org)

Name _____ Contact Number _____

Address _____ Email _____

DOB _____ SSN# _____ Drivers License _____

Reason for Assistance _____

Type of Assistance Requested _____ Amount of Request _____

Name and Address for Sending Funds _____

Living Situation _____

Employment Status _____ Total Household Income _____

Assistance Received from Council for the Homeless _____

Other Assistance Already Receiving _____

References with Telephone Numbers (Work, Family, and Friend)

Full Name Contact Number

Full Name Contact Number

Family Community Resource Coordinator Contact Number

Interviewer's Notes _____

For Cascades Benevolence Board Only

Complete Description of the Assistance Provided _____

The Purpose for Which the Assistance was Given _____

The Charity's Objective Criteria for Disbursing Assistance Under Each Program _____

Any Relationship Between a Recipient and Officers, Directors, Key Employees or Substantial Contributors to the Charitable Organization _____

Date Approved by Benevolence Board /Session _____

Please Attach the Following to This Application

- 1. Copies of Notice of Default of Payment, Eviction Notice or Termination of Service, Electrical, Gas, Leases, etc.
- 2. Any and All Receipts
- 3. Email Correspondences Related to the Request

I do hereby consent and authorize Cascades Presbyterian Church's use and verification of any confidential information provided on this benevolence request form. I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission.

Signature Date

Receipt of funds _____
Signature Date