

MAPLE SPRINGS BAPTIST CHURCH

4131 Belt Road

Capitol Heights, MD 20743

ASSISTANCE REQUEST FORM

The information that you provide will be held in confidence. Please be advised that this information will be thoroughly researched and analyzed to the best of our ability. If you care to withdraw your name from the application process, please call (301) 735-1020 for Reverend Benjamin Broadnax.

SECTION I

NAME _____ AMOUNT REQUESTED \$ _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME # _____ WORK # _____ ALT. # _____

REFERRED BY: _____

Are you a member of MSBC? YES NO If no, where do you attend church? _____

MARITAL STATUS: Single Married Divorced Widow (Please check one)

■ LIST FAMILY MEMBERS THAT RESIDE IN YOUR HOUSEHOLD (Please include yourself)

NAME	AGE	RELATIONSHIP	HOUSEHOLD INCOME

SECTION II

CLIENT'S STATEMENT OF PROBLEM

SECTION III

■ LIST ALL CURRENT DEBTS/EXPENSES

CREDITOR'S NAME	ADDRESS	MONTHLY PAYMENT	CURRENT BALANCE

TOTAL AMOUNT DUE/PAST DUE \$ _____

I, _____, certify that this application is correct to the best of my knowledge and that the information provided is a complete listing of all income, debts and obligations. I, the undersigned, hereby authorize the Care Ministry of Maple Springs Baptist Church to verify the information I have provided in regards to the processing of this application.

APPLICANT'S SIGNATURE: _____ DATE: _____

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RECOMMENDATIONS

1) Chairperson

2) Director

3) Pastoral

4) Church
