



BETHLEHEM
BAPTIST CHURCH
LOVING GOD. LOVING PEOPLE. LOVING MINISTRY.
1936 ELKWOOD SECTION RD
HAZEL GREEN, AL 35750
256.828.4835 BBCHG.ORG

For Office Use Only	
Date Received	____ / ____ / ____
By:	_____
Comments:	_____

Assistance Request Information Sheet

Are you a BBC Member?: Yes No Are you open to Financial Counseling? Yes No

Name: _____ Social Security # _____

Address: _____ City, State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Email: _____ Age: _____ Single Married Divorced Separated Widow

Employer: _____ Phone: _____

Spouse's Name: _____ Spouse's SS#: _____

Spouse's Employer: _____ Phone: _____

Phone: Home _____ Work _____ Cell _____

Email: _____ Age: _____ Primary Residence: Own Rent Other: _____

Family Doctor: _____ Phone: _____

Landlord/Bank Name: _____ Phone: _____

Home Church: _____ Phone: _____

Church Address: _____ City, State: _____ Zip: _____

Pastor's Name: _____ Phone or email: _____

How did you hear of BBC? Relative Friend Agency Other: _____

Have you been helped by BBC before? _____ If yes, when? _____

What did you receive? _____

Have you been helped by other churches or organizations before? _____ If yes, when? _____

What churches or organizations? _____

What did you receive? _____

What kind help do you need? Food Clothes Shelter Rent/Mortgage Utilities Medical Other: _____

Have you applied for help with other churches/organizations? _____ If yes, where? _____

Please explain the circumstances which brought about this need: _____

Monthly Bills:

Mortgage/Rent: _____ Auto: _____ Utilities: _____ Phone: _____

Medical: _____ Gas: _____ Other: _____

If you are requesting a bill payment, please supply the following information:

Company Name: _____ Phone: _____

Address: _____ City, State: _____ Zip: _____

Acct# _____ Contact Person: _____ Amount Needed: _____

References:

Name: _____ Phone: _____

Address: _____ City, State: _____ Zip: _____

Employer: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ City, State: _____ Zip: _____

Employer: _____ Relationship: _____

Other sources willing to help with this need:

Name: _____ Phone: _____ Amount: _____

Name: _____ Phone: _____ Amount: _____

Name: _____ Phone: _____ Amount: _____

Do Not Write Below This Line

Approved _____ Disapproved _____ Reason: _____

Check Payable to: _____ Amount: _____

Address: _____ City, State: _____ Zip: _____

Date Paid: _____ Written by: _____ Comments: _____
