

Oak Grove Baptist Church

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Visit us online at oakgrovebc.net or email us at info@oakgrovebc.net

Application for Financial Assistance Form. . . **Today's Date** _____

Applicant's Name _____ DOB _____

Spouse's Name _____ DOB _____

Address _____ City _____ Zip _____

Phone Number _____ Is this a mobile number? Y ___ N ___ Texts? Y ___ N ___

Have you received assistance from us in the past? Y ___ N ___ If so, when? _____

Why? _____

Children and anyone else in the household (use the back of form if you need to add more names)

Name _____ DOB _____ Gender: ___ male ___ female

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Do you have family in Chesterfield County and/or the Richmond area? Y ___ N ___

If so, do you receive any assistance from them? Y ___ N ___

Do you smoke? Y ___ N ___

Drink? Y ___ N ___

Buy Lottery Tickets? Y ___ N ___

Do you have animals? Y ___ N ___ if so how many? _____

Please describe the immediate need for which you are requesting financial assistance today?

(You will need to attach documentation such as photocopies of bills for our review team)

Do you attend church? _____ If so, where? _____

Who referred you to us? _____

What is their phone number? _____

Are you employed? Y ___ N ___ if so where? _____

Spouse/significant other employed? Y ___ N ___ If so where? _____

FINANCIAL INFORMATION

What is your household monthly income? _____

What is your rent/mortgage payment? _____

What is the total of your car payment(s)? _____

How much do you spend on food per month? _____

How much do you spend on automobile fuel per month? _____

How much do you spend on phone? _____

TV/Cable? _____

Internet? _____

Do you receive any of the following? (check all that apply)

Alimony? ___ Child Support? ___ Food Stamps? ___ Retirement? ___ Social Security? ___

SSI ___ VA benefits: ___

Office Use Only

Interviewed by: _____

Notes: _____

If approved, attach photo of check to this application.

Why denied: _____
