

# Trinitarian Congregational Church Deacon's Fund Request Form

*This information will be handled respectfully and confidentially  
and will be reviewed only by the Deacon Board.*

***Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls.  
Matthew 11:28-29***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address:  How long have you lived at this address?	Email address(es):  Best number to be reached at: _____  May we leave a message? Yes____ No_____
How many people live in your household?	Age(s) of household members:
What is your occupation?	Are you employed or receiving an income?

Do you attend worship services at Trinitarian Congregational Church? If yes, for how long and how often?

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Are you involved in a Trinitarian Congregational Church Life Group or Bible Study? If Yes, for how long?

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Are you involved in any other ministry at Trinitarian Congregational Church? If yes, for how long?

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Have you previously received assistance from Trinitarian Congregational Church? If so, when? What amount? What was covered?

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Who referred you to Trinitarian Congregational Church and the Board of Deacons for assistance?

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Please explain your emergency need for assistance? Can you help us understand your current life circumstances?

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Please specify bills you are requesting payment for, including amounts, in order of urgency. Please attach a copy of your bill(s) to this form. \*

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What steps have you already taken to meet this need?

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Do you have a plan to overcome your current financial hardships? Please explain.

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Would you be willing to have a conversation with a financial advisor?

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Would you like a Pastor, Deacon, or staff member from the church to speak with you? (Check one)  
Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

How may we pray for your spiritual or physical needs?

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Are there any other needs you would like us to be aware of or to consider as we review your request and consider how we can be of assistance?

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**\*Given the amount of money requested above, please *attach a copy of the bill(s) to this form.***

***\*Payments are not made to the individual requesting assistance. Examples of parties receiving payment: landlord, utility company, medical service provider, as long as supporting invoices(s) or other documentation is provided.***