



Beacon Light Baptist Church of Hammond, LA

Bishop Darryl S. Brister, Apostle/Overseer
Elder Dennis R. Hebert, Jr. Senior Pastor/Teacher
500 East Hanson Avenue * Hammond, Louisiana 70403
(985) 429-7545/Phone * (985) 429-7590/Fax

FINANCIAL ASSISTANCE REQUEST

NON-MEMBER _____
PLEASE PRINT CLEARLY:

MEMBERSHIP NUMBER: _____

Name _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Alternate Number: _____

Status: Married _____ Single _____ Divorced _____ Separated _____

If Married Spouse's Name _____

Number of Dependents: _____

Children Living With You:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment:

Are you currently employed? YES _____ NO _____

Most Recent Employer _____

Address _____

Contact Person _____

Contact Number _____

If you are not employed, state reason _____

Do you have or have you ever had a dependency to drugs or alcohol? Yes ___ No ___

Explain: _____

Financial Information—Please list total monthly household income:

- | | |
|--|-------|
| 1. Wages | _____ |
| 2. Public Assistance (Food Stamps/Housing) | _____ |
| 3. Child Support | _____ |
| 4. Other income or assets | _____ |
| Total Income | _____ |

Church Affiliation:

Name _____

Address _____

Phone Number _____ Contact _____

Do you tithe (give 10% of your income) to your affiliated church? Yes ___ NO ___

Personal References:

Family Member:

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Nature of your request: _____

Amount of Request: _____ Date Needed: _____

**** PLEASE ATTACH A COPY OF DOCUMENTATION SUPPORTING YOUR REQUEST (ex. Utility bills and/or lease agreement, etc.)**

**** COMPLETING THIS FORM BY NO MEANS GUARANTEES THAT YOU WILL RECEIVE ASSISTANCE; HOWEVER IT IS EXTREMELY IMPORTANT AND INCONSISTENCIES WILL IMMEDIATELY DISQUALIFY YOU.**

By signing this application for assistance I understand that all references can and will be checked. This may or may not include a police background report. I further state that all information given in this application is true to the best of my knowledge.

Print Name

Signature

Date _____

FOR OFFICE USE ONLY

Comments:

Applicant's Identification:

Primary Form of Identification: (attach a copy)

Type of Picture ID _____ State _____ ID Number _____

THIS FORM HAS BEEN VERIFIED BY:

Name and Title of Beacon Light Staff

Date _____

HAS APPLICANT RECEIVED ASSISTANCE BEFORE: YES NO

IF SO HOW LONG AGO? 1-6 months 12months 24 months

APPROVED

DENIED

PENDING

***If approved please attach a copy of the check and state amount \$ _____**