

**Application for Financial Assistance
Crosswalk Church
605 Wilson Pike
Brentwood, TN 37027-6041**

Note: Crosswalk Church requires supporting documentation for all requests for financial assistance (copy of bill, note from landlord including name, address, phone number, amount due, etc.)

Name _____ Age _____ Date _____

Address _____

Phone #: _____ Marital Status: Single ___ Married ___ Separated ___ Divorced ___

Valid D/L #: _____ Employed by: _____

Spouse's Name: _____ Employed by: _____

Amount of household income (monthly): _____

Name of others in house: _____ Age: _____ Relation: _____

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Do you get assistance through Department of Human Services? Yes ___ No ___

Have you received financial assistance through any of the following agencies in the last 12 months?

Crosswalk Church: Yes ___ No ___

New Hope Community Church: Yes ___ No ___

Department of Human Services: Yes ___ No ___

United Way: Yes ___ No ___

*Other (List below)

If you answered "yes" to any of the above, please explain:

Amount Requested: \$ _____

Amount of Bill: \$ _____ Amount you can pay toward this bill \$ _____

Amount committed toward this bill from other agencies: \$ _____

Reason assistance is required: _____

Church membership: Yes ___ No ___ Where do you attend church when you attend: _____

Additional Comments: _____

To the best of my knowledge, the above information is accurate and true:

Signature of Applicant