



## Financial Assistance Request and Distribution Form

### Purpose of This Form

This form is used to document requests for financial or material assistance provided by The Chosen Church to partners and non-partners of the church. Completion of this form and submission of all required documentation is mandatory. Incomplete forms or missing documentation will not be reviewed.

Completed forms may be submitted directly to the Administration Team in person or emailed to [adminteam@chosenchurchinc.org](mailto:adminteam@chosenchurchinc.org). Upon receipt, administration will review the form for compliance, assess the stated need, and determine eligibility based on available resources. Administration will then contact the applicant regarding the decision and any necessary coordination.

Submission of this form does not guarantee assistance, as all assistance is discretionary and subject to availability of funds.

### Section A: Assistance with Form Completion (if applicable)

If the applicant is receiving help completing this form, the assisting individual must complete the information below:

Name of person assisting applicant: \_\_\_\_\_

Role or relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

I confirm that I assisted the applicant in completing this form at their request and that the information provided was given by the applicant to the best of my knowledge.

Signature of assisting individual: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

### Section B: Applicant Information

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Partner Status with The Chosen Church:  Partner  Non-Partner

➤ Length of Connection to The Chosen Church: \_\_\_\_\_

Are you requesting assistance on behalf of a child or dependent:  Yes  No

If yes, what is your relationship with the child or dependent:

\_\_\_\_\_

Number of individuals in household: \_\_\_\_\_

### Section C: Employment and Financial Overview

Employment Status: Employed  Unemployed  Self-Employed  Other

Employer Name (if applicable): \_\_\_\_\_

Do you have any additional sources of income:  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently receiving assistance from another source:  Yes  No

If yes, please explain: \_\_\_\_\_

Have you received assistance from The Chosen Church before:  Yes  No

If yes, please explain: \_\_\_\_\_

### Section D: Type of Assistance Requested

Please check all that apply:

Rent  Mortgage  Utilities  Food or groceries  Hotel or extended stay  Vehicle repair

Car payment  Medical or prescription related assistance  Dependent related needs

Other: \_\_\_\_\_



C H O S E N

1 P E T E R 2 : 9 - 1 0

The Chosen Church  
295 E Salem Street  
Clayton, OH 45315

Is this request for monetary assistance:  Yes  No

Amount requested, if applicable: \_\_\_\_\_

Breakdown of request (if applicable):

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

**Section E: Explanation of Need**

Please describe your current situation and the circumstances leading to this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps are you currently taking to improve your situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section F: Required Documentation**

The following documentation must be submitted:

Two forms of identification

Primary ID Type: \_\_\_\_\_

ID Number (last 4 digits): \_\_\_\_\_

Secondary ID Type: \_\_\_\_\_

ID Number (last 4 digits): \_\_\_\_\_

Supporting documentation provided (bills, statements, etc.)

Description of documentation:

\_\_\_\_\_  
\_\_\_\_\_



C H O S E N

1 P E T E R 2 : 9 - 1 0

The Chosen Church  
295 E Salem Street  
Clayton, OH 45315

Verified by: \_\_\_\_\_

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

**Section G: Acknowledgment and Release**

To be completed by applicant:

I understand that financial or material assistance from The Chosen Church is not guaranteed, is not recurring, and is provided at the sole discretion of the church based on available resources and compliance review. I understand that submission of this form does not create an entitlement to assistance and that any approved assistance may be provided in a manner determined by the church. I certify that the information provided on this form and in all supporting documentation is true and accurate to the best of my knowledge, and I understand that providing false or misleading information may result in denial of assistance. I release and hold harmless The Chosen Church, its officers, directors, employees, volunteers, and affiliated ministries from any liability, claims, or damages arising from or related to assistance provided. I understand that information collected may be retained for internal, financial, and compliance purposes when required by law.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**Section H: Church Administration and Financial Use Only**

Request received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Review status:  Approved  Denied  Deferred

Reason if denied or deferred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of assistance provided:  Monetary  Non-monetary  Combination

Amount approved: \_\_\_\_\_

Method of assistance:  Check  Cash  Gift card  Direct vendor payment



C H O S E N

1 P E T E R 2 : 9 - 10

The Chosen Church  
295 E Salem Street  
Clayton, OH 45315

Other: \_\_\_\_\_

Check or reference number if applicable: \_\_\_\_\_

Date assistance provided: \_\_\_\_\_

Person administering assistance: \_\_\_\_\_

Second approver, if applicable: \_\_\_\_\_

**Section I: Internal Notes and Follow Up**

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**Record Retention**

This form and all supporting documentation will be retained in accordance with The Chosen Church record retention and financial policies.