

Majority Baptist Church  
400 Hudson Barksdale Blvd  
POB 6032  
Spartanburg, SC 29304  
864-582-0675  
Rev. Marcell Bush, Senior Pastor

**Request For Assistance**

I understand that proof of my needs, such as bills, must be submitted with this request. I give my permission for Majority Baptist Church to verify any information given below. This includes contact with my employer, Social Security, Department of Social Services, Veterans Services, etc. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Age \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Your Church \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Wages: \$ \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month \_\_\_\_\_

Please list other types of monthly income: such as AFDC, Social Security, SSI, Veterans, Railroad, Unemployment Benefits, Workmen's Compensation, etc.

Type \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Type \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Type \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you contacted any Crisis Assistance Ministries? Yes \_\_\_\_\_ No \_\_\_\_\_

Children (please list names and ages) \_\_\_\_\_

\_\_\_\_\_

Referred to Majority By: \_\_\_\_\_

Problem \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Request Approved by \_\_\_\_\_ Amount Given \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Request Denied By \_\_\_\_\_ Signature/Title \_\_\_\_\_ Date \_\_\_\_\_