

INTAKE DATE: _____ TOTAL AMOUNT REQUESTED: _____

GAL / YCCO / SIT Fund

Amount: _____ Date: _____

FBC Fellowship Fund / FPC / CoOp

Amount: _____ Date: _____

Unable to Fund

at this time.

FIRST BAPTIST CHURCH FINANCIAL ASSISTANCE REQUEST FORM



Personal Information:

Cell #: _____

Primary Name: _____

Email: _____

Spouse/Partner Name: _____

Email: _____

Marital Status: Married Divorced Widow(er) Single Partner Check

Address: _____

City: _____

Zip Code: _____, Oregon

Primary Name DOB: _____

Spouse/Partner DOB: _____

Other People Living at above address (include children):

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>

Current Oregon ID or DL # _____ **Exp. Date** _____

Photocopy ID card or DL (Must be presented at time of ASSISTANCE REQUEST)

Oregon State or Federal Assistance: (check all currently receiving) Check

- OHP** - Oregon Health Plan **YCCO Member** (thru OHP, added benefits)
- SSD** - Social Security Disability **SNAP**—Supplemental Nutrition Assistance
- Sect. 8** - Housing Assistance **TANF** - Temp Assistance for Needy Families
- Other /What Financial services provided:** _____

Local Assistance: In the past 12 months, have you applied/received assistance from: Check

- YCAP** **YCCO**, YC Community Care **SIT**, Service Integration Team
- Salvation Army** **St. Vincent de Paul** **Give A Little Foundation**
- Church** (name) **Explain amount & assistance received:** _____
- Other /What Financial services provided:** _____

Explain Assistance Needed: Provide supporting documents (invoice, statement, quote)

Amount: _____ **For:** _____

>> **Explain why the need now:** (loss of work, medical, etc) _____

>> **If your application is approved**, please give the **name and address** of the person or business who will **receive our payment** (landlord, utility company, other / inc. address/phone).

>> **What is your plan to cover this/these expense(s) in the future?** _____

Housing Information: Do you rent or own your home? Rent Own Check
Other housing arrangements (please describe) _____

Added Info & Resources:

Your Employment: _____

Spouse/Partner Employment: _____

If unemployed - Are you on, or have applied for Unemployment? Yes No Check
How are you taking steps to obtain work - _____

If not looking for work, why? _____

>> **What is the best way to contact you:** Cell Phone # _____
Other Phone # or contact option: _____

Signature: _____ Print Name: _____

Thank you for providing this information. We will get back to you as soon as possible.

FOR OFFICE USE:

Submitted SIT application - Date _____

Eff. January 2026