



GROCERY BENEVOLENCE APPLICATION

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Describe your current financial hardship (ex: lost job, reduced hours/wages)?

What is the current income you are receiving (per month)?

How many family members are living with you that are dependent on you financially? What are their ages?

Which pastor or life group leader, if any, is most familiar with you, your family, and your situation?

Have you explored assistance from other sources? If so, which ones? What assistance are you currently receiving?

Have you already used your personal savings? Yes No

How can we pray for you?

Signature: _____ Date: _____

Due to the high volume of people in need amidst COVID-19, we will only be giving grocery cards during this time. We are prioritizing those who have lost their jobs or have reduced hours/wages. We will prayerfully consider your request and respond accordingly.

Completion of this application does not guarantee assistance.

*****Submit this form by email to grocerybenevolence@cachurch.com**

For Staff Use Only

Amount Approved: _____

Payable To: _____

Pastors Signatures: _____ Date: _____

_____ Date: _____