

Heritage Church



Date of Request: _____ Do you attend Heritage Church? Yes No

Personal Information

Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____

Age: _____ Single Married Separated Widowed

Spouses Name: _____ Phone: _____

Spouses Employer: _____

Children? Yes No Age and name of Children: _____

Have you applied for assistance at Heritage church in the past? Yes No

Please describe assistance given: _____

When: _____ Amount of assistance given: _____

If Heritage Church is not your home church, do you have a Home Church? Yes No

Home Church: _____

Needs

Food Shelter Rent/Mortgage Utilities Medical

Other: _____

Please explain the circumstance which brought about this need:

Bill Payment: If you are requesting a bill payment, please supply the following information
(A copy of the bill will also need to be submitted if requesting bill payment).

Company name: _____ Due Date: _____
Phone: _____ Contact person: _____
City: _____ State: _____ Zip: _____
Account #: _____ Total amount Due: _____ Amount required: _____

Company name: _____ Due Date: _____
Phone: _____ Contact person: _____
City: _____ State: _____ Zip: _____
Account #: _____ Total amount Due: _____ Amount required: _____

For Church Use Only - Do Not Complete

Approved by: _____ Date: _____ Deacon Board Approval Yes No
 Application Denied (Date) _____
Reason: _____

Checks Payable to: _____
Name / Company: _____ Contact Name: _____
Date paid: _____ Written by: _____ Amount: _____
Check #: _____
Authorized Signatures (2 Required)
Deacon Board VP: _____
Executive Pastor: _____
Treasurer: _____

Heritage Church. 417 NE 65th St. Vancouver. WA. 98665 360.694.711