

BENEVOLENCE REQUEST FORM

Tampa Bay International Christian Church



Information for person receiving support:

Name: _____	Payee: _____ (if other than applicant)
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
SS# _____	SS# _____

Amount of Request \$ _____

Is applicant a member? _____ Region/Sector: TBICC House Church: TBICC

Distribution of Check: _____
 Mail to Above Address _____ Other _____ In Person _____

Purpose of check:

Purpose	X	Explanation	Amount
Rent			
Food			
Clothing			
Medical assistance			
Assistance for the aged			
Transportation			
Other:			
		Total	\$

Receipts Attached: YES NO If not, please explain: _____

Steps taken to secure Outside Aid (Attach another sheet if needed):		
Are you related to any employee, officer or board member of the Church?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Who?
Have you received assistance from the Church or any other agency for this situation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

** By signing form and receiving money you may be receiving this cash as income and it may have some tax consequences at year end (see your tax advisor). Any amount over \$600 (or current IRS limit) will be sent a 1099 at year end as misc income.*

Requestor: _____ **Date:** _____
Ministry Approval: _____ **Date:** _____