

# Benevolence Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Request: \_\_\_\_\_  
\_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

Amount requested: \_\_\_\_\_

Are you on a budget?

Yes No

Is this the first time you have requested help for this?

Yes No

Is this the first time you have requested help from Lights of Hope?

Yes No

Are you receiving any support from government programs?

Yes No What?

How many people live in the household (include yourself)?

Adults Children

Are any of the adults employed?

Yes No Where?

Have you requested help from?

FIA	Yes	No	Contact person: _____
			Results: _____

H.E.L.P. Inc.	Yes	No	Contact person: _____
			Results: _____

Salvation Army	Yes	No	Contact person: _____
			Results: _____

Snover Food Bank	Yes	No	Contact person: _____
			Results: _____

Project Blessing	Yes	No	Contact person: _____
			Results: _____

Churches:	Yes	No	Contact person: _____
			Results: _____

Others:	Yes	No	Name: _____
			Results: _____

Please attach bill.