BENEVOLENCE REQUEST FORM

Indianapolis International Christian Church
3329 Melbourne Road S Dr
Indianapolis, IN 46228

Requestor Name: _____

Address: _____

_____

Phone: _____

Payee: _____
(If person receiving benevolence on behalf of requestor)

Address: _____

_____

Phone: _____

Amount of Request **$** _____

Are you a member? _____ **Region:** Indy ICC **House Church:** Indy ICC

Distribution of Check: **Mail to Above Address** _____ **Other** _____

_____

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** ☐	**NO** ☐	**Who?**
Have you received assistance from the Chruch or any other agency for this situation?	**YES** ☐	**NO** ☐	

**** By signing form and receiving money you may be receiving this cash as income and it may have some tax consecquences 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:** _____