

## **REQUEST FORM**

Badge #		Date				
Cell Phone	Other	Other Phone				
Dept	Bldg	Hire Date				
What bill(s) are you needing a	assistance with? (rent, o	ar repair, Xcel Energy, City of Amarillo, etc.)				
Description/Company		Amount	_			
Description/Company		Amount	_			
Description/Company		Amount				
Have you attended the	BCS Money Manager	ment Ideas Training Class?    Yes	. □ No			

<sup>\*</sup> Each request is held in the highest confidentiality.

<sup>\*</sup>Each request is considered on a case by case basis.

<sup>\*</sup>Failure to furnish supporting documents may cause your request to be delayed or denied.

<sup>\*</sup>Assistance depends on the funds available and is not guaranteed.

*Age and gende	er of children	living with you, fo	or whon	n you have le	egal custody:
1	2		3		4
*Do any other i	ndividuals (o	ver 18) live with y	ou? If y	es, check all	that apply:
•		☐ Mother ☐ B☐ Cousin ☐ C			•
*Are you currer	ntly receiving	any type of assist	ance?(	Food Stamps, CCN	MS, HUD, Child Support, etc.)
☐ Yes ☐ No	o If yes: Typ	e?			Amount
Monthly Family (BCS job, 2nd job, spou	Income: So	urce #1			Amount
Bes jos, 211a jos, spot		urce #2			Amount
List of monthly	expenses:				
Rent/Mortgage	L	andlord Name & F	hone _		
Bills: Electric	Gas	Water	Ce	ll Phone	Cable/Internet
<b>Other:</b> Car		Car Ins.	Ga	s for car	Groceries
Chi	ldcare	Other			
<u>Importan</u>	t Documents	The Committee N	∕lay Nee	ed Along wit	h Your Request Form
$\square$ Copies of you	ır 2 most rece	ent BCS paystubs			
$\square$ Copy of bill, p	ayment due,	and/or price quot	e you're	e asking for h	nelp with <b>– (if applicable)</b>
• • •	•	ı've already incurr uest – (if applicable)		nese expense	es caused the shortage of

\*Please return this completed form – along with supporting documents – to the Pastoral Care Office in the BCS Corporate Building

(someone will then contact you to follow-up on your request)