



BENEVOLENT ASSESSMENT

The LORD is close to the brokenhearted; he rescues those who are crushed in spirit. Psalm 34:18

As a church, we hope to come alongside you during the challenges you're facing. In certain situations, WACC can offer temporary financial assistance to individuals and families experiencing critical needs. This support is intended to help meet short-term essentials such as food, clothing, or medical expenses.

To help us understand how we can best serve you, please complete the form below. We're so glad you're here, and it's an honor to walk with you during this time.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Do you have any children under the age of 18 living with you? Yes/ No
How Many? _____

Are you a member or regular attendee of WACC? Yes/ No

Do you belong to a Grow/Community Group or serve in a ministry? Yes/ No

If so, who is your group or ministry leader? _____

Have you ever applied for or received assistance from the Benevolent Fund? Yes / No

If so, which pastor did you meet with? _____

What is your specific need/request?

Please tell us about the situation that created this need. *(Please use the other side of the sheet if necessary)*

