

# Application for Assistance



PO Box 15300 Del City, OK 73155  
3801 SE 29th St Del City, OK 73115  
405-677-1451 [destinychristian.com](http://destinychristian.com)

*Please complete all information below and allow one week for processing.  
Incomplete or missing information will delay our processing/response.*

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at this address? \_\_\_\_\_ Rent? \_\_\_\_\_ Own? \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Please list all individuals living at this address:

NAME	AGE	RELATIONSHIP

What church do you attend? \_\_\_\_\_

Do you regularly tithe ten percent of your income? \_\_\_\_\_

If so, where do you pay your tithe? \_\_\_\_\_

Current Employer \_\_\_\_\_ How long? \_\_\_\_\_

Previous Employer \_\_\_\_\_ How long? \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ How long? \_\_\_\_\_

If unemployed, how long? \_\_\_\_\_ Reason? \_\_\_\_\_

How are you seeking employment? \_\_\_\_\_

What are the circumstances that have led to this request for assistance?

---

---

---

MONTHLY INCOME SOURCE	AMOUNT	MONTHLY EXPENSES BY TYPE	AMOUNT
Job 1		Tithes and Offerings	
Job 2		Rent / Mortgage	
Spouse's Job 1		Car Payments	
Spouse's Job 2		Auto Insurance	
Social Security		Auto Gas & Oil	
SSI / Disability		Electric	
Food Stamps		Gas	
Other:		Water	
Other:		Food	
Other:		Cable TV	
Other:		Daycare	
Other:		Internet	
Other:		Child Support	
		Credit Card	
		School loan payments	
		Other loan payments	
		Other:	
		Other:	
TOTAL:		TOTAL:	

**Please list what you are asking the church to pay. Copies of the bills must be attached. ALL payments are made directly to the specific vendor.**

COMPANY NAME	ACCOUNT NUMBER	AMOUNT NEEDED	DUE DATE

How will you meet these needs in the future?

---



---



---

Have you asked for assistance for our church before? \_\_\_\_\_ If yes, what was the request and when?

---

Are you related to any church staff, board member or key contributor? \_\_\_\_\_

Please provide two references who can help validate this information:

NAME	PHONE NUMBER	RELATIONSHIP

***I certify all information is accurate and I authorize Destiny Christian Center to verify all information provided.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_