

THE DAVIDIAN SEVENTH-DAY ADVENTIST ASSOCIATION  
20412 FARM ROAD 1025  
EXETER MO 65647

**SECOND TITHE REQUEST FOR HELP**

Person(s): \_\_\_\_\_

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

Amount Requested: \$ \_\_\_\_\_

Describe Help Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature(s): \_\_\_\_\_

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Amount Approved: \$ \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Claudette McGibbon

\_\_\_\_\_  
Carmen Dodd

\_\_\_\_\_  
Danita Wilkins

\_\_\_\_\_  
Courtney Guy

Check No. \_\_\_\_\_ Mail \_\_\_\_\_ Wire \_\_\_\_\_ WU/MG \_\_\_\_\_ Cash \_\_\_\_\_

Send Receipt Information To: \_\_\_\_\_

\_\_\_\_\_

# Financial Statement

(Please complete and return with your request for help.)

## Assets (Current Value)

Monthly Income (wages, Social Security, pensions, etc.)	\$ _____
Real Estate (value of home and other real estate holdings)	\$ _____
Vehicles (resale value)	\$ _____
Checking Account	\$ _____
Savings Account	\$ _____
Investments (mutual funds, etc.)	\$ _____
Cash (on hand, or in CDs, money market accounts, etc.)	\$ _____
Retirement Accounts	\$ _____
Other Assets*	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

## Liabilities (Current Balances)

Credit Cards (total balance)	\$ _____
Total No. of Credit cards _____ Total Credit Limit \$ _____	
Loans (all types)	\$ _____
Back Taxes	\$ _____
Back Tithe Owed (first tithe only)	\$ _____
Notes Payable (money you owe to individuals)**	\$ _____
Other Liabilities**	\$ _____
Lawsuits or Liens Against You	\$ _____
By Whom? _____	
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

**NET WORTH (Assets Minus Liabilities)** \$ \_\_\_\_\_

\* Other assets can include goods and items in storage, etc.

\*\* Describe here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

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

Monthly Expenses

<b>TOTAL MONTHLY INCOME FROM ALL SOURCES (wages, pensions Social Security)</b>	\$ _____
<b>FIRST TITHE</b>	\$ _____
<b>MONTHLY INCOME BALANCE AFTER FIRST TITHE DEDUCTION</b>	\$ _____
<b>OTHER HOUSEHOLD INCOME</b>	\$ _____
Housing	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical	\$ _____
Personal	\$ _____
Transportation	\$ _____
Credit Card Bills	\$ _____
Education	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____
<b>MONTHLY INCOME BALANCE AFTER TOTAL EXPENSES</b>	\$ _____