

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

CHARITABLE REQUEST FOR HELP

Person(s): _____

Date: _____

Amount Requested: \$ _____

Describe Help Needed: _____

Additional Comments: _____

Signature(s): _____

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*	\$ _____
TOTAL ASSETS	\$ _____

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? _____	
TOTAL LIABILITIES	\$ _____

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

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