

H. M. B. C.  
1338 Gault Street  
Dr. Bennie T. Henson Sr., Pastor  
Deacon Ministry  
Deacons Discretionary Relief Request Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I am requesting help in a

Please check the box that applies

- Crisis situation
- Emergency situation

That pertains to:

- Rental Assistance
- Utilities
- Personal Emergency

Amount of request \_\_\_\_\_ Date funds needed \_\_\_\_\_

*I realize that the amount requested is not necessarily the amount that will be approved by the Deacon Ministry. \_\_\_\_\_ (please initial)*

Amount Approved \_\_\_\_\_

Please make check out to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_