

# OOLTEWAH ADVENTIST CHURCH

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## FINANCIAL ASSISTANCE REQUEST FORM

*Picture ID is REQUIRED. In most situations, payments will only be made to businesses such as utility companies, landlords, etc. You must provide a current bill indicating need.*

**Please print except where signature is requested.**

Full Legal Name: \_\_\_\_\_

Address (line 1): \_\_\_\_\_

Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for request: (use back if more room is needed):

Payee: \_\_\_\_\_

Address (line 1): \_\_\_\_\_

Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_