Benevolence Request Form

His Gracious Hands of Grace (hisgracioushands@yahoo.com) 469-910-7515			
Name:		Date Submitted:	
Address:			
Home Phone:	Mobile:	Email:	
Have you previously re	quested assistance from	HGH?	
If so, when?		If assistance was given, how much?	
What is your current e	mployment status?		
If employed, what is yo	our gross monthly income	e?	
		penditures?	
		ed you to requesting assistance from HGH:	
			
If HGH provides financi	ial assistance at this time	e, what steps are you taking that will prevent you from	
<u>-</u>	t month, or the near futu		
Have you already made	e use of one of the follow	ving resources?	
Food and clothi	ng from 5 Loaves food Pa	antry (469-767-8071)	
	ance from your/a church		
	•	ne Christian Care Center/Wylie (972-442-4341)	
Dialing 211 fron	n your phone for help wi	ith electrical bills	
Assistance Cent	er of Collin County (972-	422-1850) Rent/Bills/Food	
 Salvation Army 	Ridgewood Citadel Food	l Pantry (718-497-4356)	