

**LIFE CHURCH**  
**3349 Rubidoux Boulevard**  
**Jurupa Valley, CA 92509**  
**Office (951) 684-5433 Fax (951) 684-8117**  
**Bishop Ron M. Gibson, Pastor/Founder**

**APPLICATION FOR EMERGENCY ASSISTANCE BENEVOLENCE**

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Alternate # (\_\_\_\_) \_\_\_\_\_

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

Are you a member of Life Church? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, were do you fellowship \_\_\_\_\_

Have you received assistance from the church in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, When? \_\_\_\_\_

What Type? \_\_\_\_\_ Amount received \_\_\_\_\_

What is your source of income:  Employment  Disability  SSI/SSD  G.R.  AFDC  Food Stamps  
 Retirement/Pension  Workman's Comp.,  Other \_\_\_\_\_

What is the total income of the entire household? \_\_\_\_\_

How many in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

Explanation of Circumstances

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**The information provided in this document is strictly confidential.**

**I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR DOCUMENTATIONS WILL  
AUTOMATICALLY CANCEL THIS APPLICATION**

Signature \_\_\_\_\_ Date \_\_\_\_\_