



### Share Assistance Application

*To be completed by deacon on behalf of the CHA Member*

Member's Name: \_\_\_\_\_

CHA Membership Number: \_\_\_\_\_

Total Monthly Share Amount due for this membership: \_\_\_\_\_

Total Monthly Share to be paid by member (member must pay at least a minimal amount): \_\_\_\_\_

Total Monthly Share that will be paid by congregation: \_\_\_\_\_

Total Monthly Share that will be paid by other sources: \_\_\_\_\_

List other sources: \_\_\_\_\_

Total Monthly Share Assistance requested from **CHA Share Assistance**: \_\_\_\_\_

Please explain the circumstances that have created the need for share assistance for this member:

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

Please provide a description of any other assistance congregation is providing for this member:

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

If local congregation is not able to offer any financial assistance, please explain:

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

Printed name of deacon completing this application: \_\_\_\_\_

Deacon's phone #: \_\_\_\_\_ Deacon's email address: \_\_\_\_\_

Signature of deacon: \_\_\_\_\_

Subject to a review by CHA of the information contained in this application, share assistance will be given until the end of the calendar year (unless application is being made in the last quarter of the year, in which case approval will also be valid for the coming year), as funds in the Share Assistance treasury permit. At the end of the year, a new application will need to be submitted if assistance is still needed. If, in the course of the next year, conditions change so that the assistance is no longer needed, please notify the office. Thank you