



PO Box 336
Montezuma KS 67867

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Share Assistance Application

To be completed by deacon on behalf of the CHA Member

Member's Name: _____

Congregation where church membership is held: _____

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