Benevolence Worksheet

General Information

Name:

_____

Date of Birth:

_____

Address:

_____

City/State/Zip:

_____

Telephone:

_____

Last Two Addresses: (how long there? Landlord/mortgage holder's name/ address/phone)

_____

_____

_____

List all other person's in household and their dates of births:

_____

_____

_____

_____

If married how long?

_____

List relatives in immediate area also list nearest relative not in the immediate area:
(Name, address, phone number)

_____

_____

_____

Which relatives can help?   Financial ?   Living Quarters?   How else?

_____

_____

_____

Employer:

_____

Two previous employers: (Name/ address/ phone number/ dates employed)
Type of work qualified to do?

_____

_____

Are you a member of the New Life Community Church of the Nazarene?

_____

Previous church attended and why did you leave?

_____

_____

Financial Information

Are you receiving financial help now?_____ If so from who and how much?

<u>Type of help/ from who</u>   <u>Amount</u>
   1.   Unemployment:
   2.   Welfare:
   3.   Salvation Army:
   4.   Food Stamps:
   5.   Individuals:
   6.   Other:
   7.   Other:

Did your previous church help you?_____   If so what kind?

_____

_____

What are you weekly living expenses? (For monthly expenses multiply weekly amount by 4.33)

Food per month:

_____

Rent per month:

_____

Utilities per month:

_____

Transportation per month:

_____

Other:_____   Per month:

_____

Other:_____   Per month:

_____

Other:_____   Per month:

_____

Other:_____   Per month:

_____

Total monthly living expenses:

_____

Income from Employment:

_____

Income from other sources:

_____

List sources:

_____

_____

Total monthly income:

_____

Have you applied for help from other organizations and been turned down?_____

If so give the name of the organization and their reasons for turning you down

_____

_____

_____

Do you have access to a car or other daily transportation?

_____

If no please explain

_____

_____

_____

Are other members of your family unemployed?

_____

If yes explain the nature of their unemployment

_____

_____

_____

Any medical problems in your family or that would prevent you from working? If yes explain.

_____

What kind of aid are you requesting and what amount?

_____

_____

_____

Please provide the reason you are requesting help?

_____

_____

_____

How will any aid you receive from NLCC change your situation in the future?

_____

_____

_____

Interviewed By:_____Date_____

Interviewed By:_____Date_____

Describe recommendations made, actions taken, and any follow-up:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____