

Benevolence Request Form

rersonal Information ***P	lease include spouse na	me also***		
Name(s):				
Address:				
City/State:				
Home and Cell Phone numbers	s:			
Age(s) Sin	gle Marrie	ed Divorced	Separated	_ Widowed
Name and Location Home of cl	hurch:			
Are you a member of above chi	urch? If so, for how	long?		
If you have no home church or	are not a member,	briefly explain wh	y.	
Current or Most Recent Emplo	oyer Information (L	ist for both you an	d spouse):	
Name of Company or business	:			
Phone:		_ Contact person:		
Name of Company or business	:			
Phone:		_ Contact person:		
If currently unemployed, check	x here: You _		Spouse	
How many are living in your h	ousehold?			
	1 41 1	.1 1: : :.1	1 1 1 1	
Children's names & ages of on	ly those who are cu	irrently living with	you on a daily basis	3.
Child First and Last Name	Child Age	Child Fir	st and Last Name	Child Age
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Exactly what kind of help are	you asking for?			

Where else have you gone for give?	financial assistance in the last year?	How much support did eac
Are you or your spouses paren	nts still living? If so Provide contact ir	nformation:
List what type of financial aid	nts still living? If so Provide contact in I you may be receiving from a governmth of the contact in the conta	ment agency:
List what type of financial aidUnemployment Insurance	l you may be receiving from a governr	ment agency:
List what type of financial aidUnemployment Insurance	l you may be receiving from a governr Social SecurityWorker's Comp	ment agency:
List what type of financial aidUnemployment InsuranceOther:	l you may be receiving from a governr Social SecurityWorker's Comp	ment agency:
List what type of financial aidUnemployment InsuranceOther:Please provide us with 3 Refe	l you may be receiving from a government of the security worker's Compart of the security worker's Compart of the security of	ment agency: pensationDisability
List what type of financial aidUnemployment InsuranceOther:Please provide us with 3 Refe	l you may be receiving from a government of the security worker's Compart of the security worker's Compart of the security of	ment agency: pensationDisability

re you willing to confidentially meet with a Benevolent committee who may ask other and personal
nancial questions? Yes No
ould you be willing to work with a financial budget counselor?YesNo
give my permission to have the appropriate church personnel validate any and all of the above
formation.
rint Name
gnature Date

All of the above information as well as any information from gathered from a budget counselor or a Benevolent committee will remain confidential except for those in the decision making process.