

## Establishing Need

All requests for help require that the application be filled out in full and signed by the person making the request (or by a trustworthy individual who has firsthand knowledge of the person's situation).

Need to provide copies of bills to establish the existence of a need, and copies of check stubs to establish inability to pay.

All documentation must be current. No payment can be made without current, written documentation.

Benevolence cannot pay more than the documented need amount.

## Benevolence Fund Application

Funds provided by the church are subject to availability.

By submitting this form, you are stating that you have read and understand the church guidelines and policies and agree to abide by those terms of the agreement.

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

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

Housing:

☐ Own ☐ Rent ☐ Other

Employment: \_\_\_\_\_

Employment Income (net): \_\_\_\_\_

If not currently working, type unemployed

Marital Status

☐ Single

☐ Married

☐ Separated/Widowed

Number of Persons in Household \_\_\_\_\_

Spouse Name and Employment: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

Needs:

Please specify the nature of the need

☐ Food

☐ Shelter

☐ Rent/mortgage

☐ Utilities

☐ Medical Emergencies

☐ Other

Please explain in detail why you are requesting financial assistance.

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Amount needed and deadline (cannot exceed \$500) \_\_\_\_\_

Have you been helped previously by this church? If so, what did you receive and when?

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Have you applied elsewhere for this need? \_\_\_\_\_

Referral to other agencies for assistance: \_\_\_\_\_

