



# BENEVOLENCE REQUEST FORM

First Name	Last Name	Applicant SSN	M or F	Birthdate / /
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other (If other, please explain)				
Spouse's First Name	Spouse's Last Name	Spouse SSN	M or F	Birthdate / /
Dependents		Relation To Applicant	Birthdate / /	
			/ /	
			/ /	
			/ /	
			/ /	
Do you own or rent? If you rent, please list name and contact number for landlord				
Address			Unit number	
City		State	Zip	
Applicant's phone		Spouse's phone	Alternate phone	
Email address				
<b>CHURCH INFORMATION</b>				
Do you attend the church? If so, how long?		Do you give to the church regularly?	How often to you attend?	
If you attend the church, do you serve on a ministry team? If so, which one?			Have you gone through the Growth Track?	
If you attend the church, are you part of a small group?			Name of group leader?	
If you do not attend the other church, do you have another church?			Pastor's Name	
<b>INCOME INFORMATION</b>				
Applicant's Employer		Supervisor's name	Work Phone	
Spouse's Employer		Supervisor's name	Work Phone	
Is anyone else in the home employed? If yes, list name and employer				
Additional sources of income (please check all that apply) <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SSI <input type="checkbox"/> Section 8 <input type="checkbox"/> Welfare <input type="checkbox"/> Food Stamps <input type="checkbox"/> Disability <input type="checkbox"/> Other (please specify)				
Monthly Income \$		Do you have family who can help?		
If you are unemployed, how long have you been unemployed?				
If you are unemployed, why are you unemployed?				
If you are able, what steps are you taking to seek active employment?				

INFORMATION ON THE NEED	
What is the nature of your need at this time? <input type="checkbox"/> Mortgage/Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Medical <input type="checkbox"/> Food <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____ (Please provide a copy of the bill or invoice)	
Amount requested \$	Date funds are needed
Why funds are needed  	
What led to your needing assistance?  	
Provide name, address, and phone number of each party to whom requested funds will be paid  	
Are there any other needs that we can be praying for?  	
Would you like a church leader to contact you about emotional, spiritual, health, relational, or other needs?  	
Through what other sources have you sought assistance?  	
How do you plan to meet this financial obligation going forward?  	
Have you seen a financial counselor within the last six months? If yes, with whom?  	
Are you willing to meet with a Budget Coach?	Have you been through our financial small group?
Have you sought assistance through the church in the past? <input type="checkbox"/> yes <input type="checkbox"/> no   If yes, when?	
Are you related to a church member, employee, or board member of the church? If yes, list their names:  	
Personal Reference (other than relatives)	Phone
Personal Reference (other than relatives)	Phone
<i>By signing below I attest to the fact that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided accurate and honest responses.</i>	
Signature	Date