

Request for Benevolence

As a church we desire to help you in your time of need. To do this most effectively, we need to obtain some important information. NO EXCEPTIONS!!! Please be aware of several of our policies.

1. Due to confidentiality, the Benevolence Request Form must be completed by Applicant.
2. We do not give cash.
3. Often we will help by referring you to certain agencies which have been established to assist you in your area of need.
4. All requests must go through our church offices. DO NOT CONTACT MEMBERS DIRECTLY.
5. ALL requests will be reviewed at the monthly meeting following the receipt of this request.

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Best # to call: (_____) _____ Alternate # (_____) _____

Best days to reach you: _____ Best time: _____ AM PM

Marital Status: Single Married Separated Divorced Widowed

of minor Children living with you: _____

Present Employer: _____ How Long: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Telephone: _____

Previous Employer: (if unemployed less than 3 years) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Telephone: _____

Other Sources of Income:

Social Security

Unemployment

Family/Friends

Alimony

Disability

Food Stamps

Public Assistance

Child Support

Other: (list below)

Name of Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor's Name: _____ Telephone: _____

Are you sure of your eternal salvation? Yes No Unsure

Present Needs:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Rent/Mortgage | <input type="checkbox"/> Other: (list below) |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Medical | _____ |

How soon do you need this help and for how long? _____

Why: _____

PLEASE NOTE: ANYONE RECEIVING OVER \$600.00 ASSISTANCE-IN A CALENDAR YEAR-WILL RECEIVE A 1099 MISCELLANEOUS INCOME FORM TO BE CLAIMED AS INCOME ON THE 1090 LONG FORM. SO, ALL REQUEST OVER \$600.00 MUST INCLUDE A COMPLETED W-9 FORM.

What made you choose this church? _____

List other contacts you have accessed for assistance? _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Other Church(es) | <input type="checkbox"/> Employer | <input type="checkbox"/> Other: (list below) |
| <input type="checkbox"/> Family | <input type="checkbox"/> Agencies | _____ |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Organizations | _____ |
-
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References: (list names of 3 individuals, not living with you that know of your current situation).

Name: _____ Telephone: _____

Relationship: _____ How Long: _____

Name: _____ Telephone: _____

Relationship: _____ How Long: _____

Name: _____ Telephone: _____

Relationship: _____ How Long: _____

By signing below, you authorize us to contact references and verify information provided on this form.

Signature: _____ Date: _____

OFFICE USE ONLY!

References Check on: _____ Was Info validated: Yes No By: _____

Type of assistance given: _____

Comments: _____

Follow-up Interview Date: _____ By: _____

Comments: _____