Benevolence Application

This application is the first step in our benevolence process. Please know that it is our desire to assist everyone who is in need, but that we have processes in place that might not make assistance possible. Here is a brief overview of the process and procedure for your awareness (Please initial next to each point to acknowledge that you have read and understand this process):

1. All applications are reviewed and responded to between 24-48 nours			
We have a monthly benevolence amount that once exceeded, we are unable to assist further			
3. We are only able to assist a person/family once a year.			
Date			
Name (please print)			
Spouse/Significant other's name			
Address			
City, State, Zip			
Cell Number			
Employer Work Number			
If not employed, when and where did you last work:			
Child/Children (please include name and age):			

Where do you attend church?	
What steps have you taken to assist yourse your financial situation?	elf with your circumstances and improve
Have you previously received financial assisso, when? (Please list all other churches an	
Type of assistance needed Brief explanation:	Amount needed
from you during the application and/or interview p our members and attendees financially, but to help relationship with Christ and provide the ultimate s application and/or participation in an interview does	nd hope to people in need. The information collected rocess is consistent with our desire to not only assist to them engage in the activities that will develop their solution to their financial situation. Completion of this is not guarantee assistance. Please be assured that we not accordingly. I certify that all of the information to the best of my knowledge.
Sign	Date

Copy of Bill Attached? Y/N	
Payable to:	
Account # (if applicable):	
Date Bill Paid:	
Amount Paid:	

For Staff Use Only:

Additional Notes (include all relevant info, i.e. "paid \$300 towards a hotel room at the Holiday Inn for 2 nights"):