

Benevolence Assistance Request Form

What is the Benevolence Fund?

The Benevolence Fund is a limited financial fund, made available by application to anyone struggling financially due to unforeseen circumstances. The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need.

Your request will be reviewed, and you will be contacted if more information is needed. A failure to provide requested information will forfeit your eligibility. Upon a decision you will be notified by telephone. If your request is approved, it may take up to two weeks to receive funding.

What kind of help is available?

Our concern for you is not limited to your financial situation. We care about your emotional, spiritual, and relational health, as well as your general wellbeing. Would you like a Pastor to follow up with you about these types of concerns?

No thank you. Yes. Contact me at phone number (____) ____ - _____

Our response to your request may include:

- Referral for spiritual, financial, and or general counseling. - Food bank referrals
- Limited financial support. - Other social service referrals

Begin your application here:

A. Personal information:

Last name: _____ First: _____ Male Female

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Date of birth: _____ Age: _____

Marital Status: []Single []Married []Separated []Divorced []Widowed

Name and location of church you belong (if any): _____

B. Household Information:

List all individuals sharing your household:

Full Name Age Relationship Employer Monthly Income

Full Name	Age	Relationship	Employer	Monthly Income
				\$
				\$
				\$
				\$
				\$

C. Please list your specific requests:

Amount Description of Need by Date

Amount	Description of Need	by Date

D. Briefly, what events led to your needing assistance?

E. Applicant Employment History:

Present / Most Recent Employer: _____

Position: _____ Salary / Hourly Rate: \$ _____

Supervisor's Name: _____ Phone: _____

Employer's Address: _____ City: _____ State: _____

Employment Dates: From: ____ / ____ / ____ To: ____ / ____ / ____

If unemployed, please provide a reason: _____

If unemployed, for how long: _____ Are you currently seeking employment: Yes No

If "No" why not? _____

What steps are you taking to seek active employment? _____

F. Housing / Automobile:

Own / Purchasing Renting How long at present address? _____

Landlord / Mortgage Company: _____ Phone: _____

Do you have access to a car? Yes No Monthly car payments? Yes No If "Yes," how much:
\$ _____

G. Additional Information:

Have you contacted anyone else for assistance within the last six months? Yes No

Please specify: Family Friends Churches Agencies

Are any of the above assisting with your need? Yes No If "Yes," amount:
\$ _____

If "No," why not? _____

Are you receiving financial aid from a government agency? Yes No Amount:
\$ _____

Please specify: Unemployment Insurance Social Security Workers Compensation Disability [
]Other: _____

Do you have and use a budget? Yes No

What steps are you taking to improve your present
situation? _____

Have you requested or received assistance from Big Lake Church of God before? Yes No

If "Yes," when did you make the request? ____ / ____ / ____ Amount received? \$ _____

H. References:

Name (First and Last) Relationship Phone Number

Name (First and Last)	Relationship	Phone Number

I. Authorization

By signing below, you are giving permission to have appropriate church personnel validate any of the above information.

Signature: _____ Print Name: _____ Date: ____ / ____ / ____

Please submit this application to the office administrator. Please include copies of the following, as they will be needed to process this form:

Proper ID

Pay stub (if applicable)

Copy of bill needing assistance with