



Benevolence Fund Application

Applicant Information

First Name

Last Name

Street Address

City

State

Zip

Home Phone

Cell Phone

Email

Housing: ☐ Own ☐ Rent ☐ Other: _____

Employment (If not currently employed, please write "unemployed")

Employer

Street Address

City/State

Zip

Phone

Employment Income (Net): \$ _____

Income Frequency:

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Family Information

Marital Status: ☐ Single ☐ Married ☐ Separated/Widowed Number of persons in household: _____

Spouse's Name

Spouse's Employment

Child's Name

Age

Child's Name

Age

Child's Name

Age

Child's Name

Age

Assistance Request

Needs: *(Please specify the nature of your need)*

☐ Food ☐ Shelter ☐ Rent/Mortgage ☐ Utilities

☐ Other: _____

Please explain in detail why you're requesting financial assistance: _____

Amount needed (*cannot exceed \$1,000*): \$ _____ Date needed: _____

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

Have you applied elsewhere for this need? ☐ Yes ☐ No If yes, where? _____

*Are you a consistent tither for this church? *(By selecting "yes" you are confirming that you give 10% of your annual income to Grace Congregational Church. Your records will be verified with our Finance Department)* ☐ Yes ☐ No

*Are you a faithful attender of this church? *(By selecting "yes" you confirm that you attend both a weekly Bible Study and Sabbath service regularly)* ☐ Yes ☐ No

How long have you been a member of this church? _____

Additional Required Information

Landlord's Information *(only if applying for rental help, otherwise write N/A)*

Landlord First/Last Name _____ Phone Number _____

Apartment Complex Name _____

Address _____ City/State _____ Zip _____

Monthly Average Cost *(Please list expenses for each item listed)*

Mortgage/Rent: \$ _____ Auto: \$ _____ Electric: \$ _____ Water: \$ _____

Phone: \$ _____ Medical: \$ _____ Gas/Oil: \$ _____

Other (explain): _____

If requesting a bill payment, please supply the following information:

Company Name

Contact Person

Phone Number:

Address

City/State

Zip

Account Number

\$ _____
Total Amount Due

Other sources willing to assist with this need: *(Please list all entities e.g. Food Bank, Red Cross, etc.)*

Name

Phone

\$ _____
Amount

Name

Phone

\$ _____
Amount

I have read, understood and agreed to the following:

Initial

Hold Harmless/Liability Release Clause

The CHURCH, its Pastor, Officers, Agents, Employees and Members are hereby released, forever discharged, and held harmless from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while the applicant's request is being reviewed, approved, and/or denied. Furthermore, requester hereby agrees to hold harmless and indemnify said CHURCH, its Pastor, Officers, Agents, Employees and Members for any financial liability sustained by said acts of the aforementioned CHURCH parties.

I, the applicant, give permission for the Finance Department to follow up on any of the information provided within this application.

Please attach proof of need (e.g., eviction notice, turn off notice, etc.).

By submitting this application, you are stating that you have read and understand the aforementioned CHURCH Benevolence guidelines and policies and agree to abide by the terms of the agreement. Furthermore, you understand that funds provided by the church are subject to availability.

Applicant Signature

Date

For Finance Department Use ONLY:

Status: [] Approved [] Denied If denied, justification: _____

If approved, date paid: _____ Check # _____ Check Amt: _____ Initials: _____