

Benevolence Fund Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Housing (Own, Rent, Other): _____

Employer: _____

Employer's Address: _____

Employer's City: _____ State: _____ Zip Code: _____

Employer's Phone Number: _____

Employment Income: _____ Weekly _____ Bi-Weekly _____ Monthly _____

Note: Proof of Income is Required

Marital Status: Single _____ Married _____ Separated _____ Widowed _____

Number of Persons in Household: _____

Spouse's Name: _____

Spouse's Employer: _____

Children's Names: _____

Children's Ages: _____

Needs: Food _____ Shelter _____ Rent _____ Mortgage _____
Utilities _____ Medical Emergency _____ Other (Explain) _____

Deadline for Assistance: _____ Amount Needed: _____

Have you been helped previously? Yes _____ No _____

If yes, what did you receive?: _____

When: _____

Have you applied elsewhere for this need? Where? _____

Do you consistently tithe to this church? Yes _____ No _____

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

If asking for medical assistance, please complete this section:

Doctor's Name: _____ Phone Number: _____

If you are requesting rent or mortgage assistance, please complete this section:

Landlord or Bank's Name: _____ Phone Number: _____

Landlord or Bank's Address: _____

City: _____ State: _____ Zip Code: _____

Monthly Average Cost per: Mortgage or Rent: _____

Auto Expenses: _____

Electric: _____

Water/Sewage: _____

Phone: _____

Medical: _____

Gas/Oil: _____

Other, explain: _____

If you are requesting a specific bill or bills be paid, please complete this section:

Company Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Account Number: _____

Total Amount Due: _____

Total Amount Required: _____

Please Provide an Invoice or Statement from the agency owed.

Please list two family references:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Relationship: _____

Phone Number: _____

Occupation: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Relationship: _____

Phone Number: _____

Occupation: _____

Other sources willing to help with this need:

Name: _____

Phone Number: _____

Amount: _____

Name: _____

Phone Number: _____

Amount: _____

Name: _____

Phone Number: _____

Amount: _____

Applicants' Signature: _____

Date: _____

Benevolence Member: _____

Date: _____