



Benevolence Fund
Application Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____

E-mail Address _____

Own\Rent\Other _____

Social Security # _____ Spouse's SS # _____

Employment _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Employment Income (net) _____ Weekly Bi-Weekly Monthly
(Proof of income required)

☐ Single ☐ Married ☐ Separated ☐ Widowed

Number of persons in household _____

Spouse's Name _____

Spouse's Employment _____

Children's Names _____

Children's Ages _____

Needs: Food Shelter Rent / Mortgage Utilities Medical Emergencies

Other (Explain) _____

Deadline: _____ Amount Needed: \$ _____

Have you been helped previously by this Church? Yes or No

If yes, what did you receive? When? _____

Have you applied elsewhere for this need? _____

1. Are you a consistent tither for this Church? Yes or No

2. How long have you been a member of this Church? _____

Doctor's Name _____ Phone (_____) _____

(If requesting medical help)

Landlord's Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Monthly average cost: Mortgage/Rent \$ _____ Auto \$ _____ Electric \$ _____

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

Other (Explain) _____ \$ _____

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

Company Name _____ Phone (_____) _____

Contact Person _____ Address _____

City _____ State _____ Zip _____

Account # _____ Total Amt. Due \$ _____ Amt. Required \$ _____

Invoice of statement from agency owed should be attached to application

LIST TWO FAMILY REFERENCES

Name 1 _____

Address _____

City _____ State _____ Zip _____

Relationship _____

Occupation _____ Phone (_____) _____

Name 2 _____

Address _____

Relationship _____

City _____ State _____ Zip _____

Occupation _____ Phone (_____) _____

OTHER SOURCES WILLING TO ASSIST WITH THIS NEED:

Name _____ Phone _____ Amount \$ _____

Name _____ Phone _____ Amount \$ _____

Name _____ Phone _____ Amount \$ _____

Signature _____ Date _____