



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 \_\_\_\_\_