



FREEDOM CHURCH

516 Production Street, Ste. 200
Aberdeen, SD 57401
(605) 725-0777

BENEVOLENCE APPLICATION

Please read and sign below:

Due to the amount of requests we receive, we have established the following criteria to be considered for assistance. If you meet these requirements, you are welcome to fill out an application. It will be reviewed before the end of the day on the following Tuesday. (If a request is made late Monday, the information may not be available to us to make a determination the next day.) Meeting the criteria is no guarantee of assistance. You (the person requesting benevolence) must be:

1. A current, regular attendee. This is a minimum of two times per month, for the last several months.
2. A tithing/giving attendee with giving records reflecting a consistent giving.
3. Actively volunteering.

While benevolence is being considered, you may wish to look into other avenues or organizations for assistance.

Please note: The budget analysis on page 4, MUST be filled out in order to be considered for assistance.

I have read the above and understand the criteria for benevolence.

Signature

Date

All information must be completed.

Freedom Church benevolence can cover:
utilities, partial rent/mortgage

Benevolence can not cover:
full rent/mortgage, deposits, phone bills, car payments, etc.



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BENEVOLENCE APPLICATION *page 2*

Name _____

Address (do not give a PO Box #) _____

City _____ State _____ Zip Code _____

Daytime phone number _____ Other _____

Are you married? _____ If yes, what is your spouse's name? _____

Are you working? _____ If no, why not? _____

Have you been employed in the last 30 days? _____ Where? _____

How long were you employed there? _____

If you have children and they live with you, what are their names and ages?

_____	_____
_____	_____
_____	_____
_____	_____

Do you have family in the area? _____ If yes, give name(s) and phone numbers:

_____	_____
_____	_____
_____	_____
_____	_____

What are your immediate needs? *Highest priority first.*



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BENEVOLENCE APPLICATION *page 3*

Where else have you gone for assistance? _____

What was the date you went there? _____ Did you receive help? _____

If so, what did they do for you? _____

What area(s) (at Freedom Church) do you volunteer in? _____

How do you typically tithe/give? Check, cash, online, other? _____

What do you need Freedom Church to do to assist you? _____

For bills you need assistance with:

Who will get this money? (business name & address) _____

City _____ State _____ Zip Code _____

Please include a photo copy of the bill to be paid - DO NOT attach the actual bill.

Have you ever asked Freedom Church for assistance? _____ Date _____

How did Freedom Church assist you? _____

I affirm that I have answered the above questions accurately, completely, and truthfully.

Signature

Date



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BENEVOLENCE APPLICATION page 4

MONTHLY BUDGET ANALYSIS

This section MUST be filled out completely in order to be considered.

Monthly Income: \$ _____

Monthly Expenses:

Tithes \$ _____

Housing (Rent/Mortgage) \$ _____

Utilities \$ _____

Groceries \$ _____

Dining Out \$ _____

Car Payment \$ _____

Car Repair \$ _____

Medical \$ _____

Insurance \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses: \$ _____

Net (*income minus expenses*): \$ _____