The Benevolence fund serves those who have been members for a year or more, and are in “Emergency Need” of assistance. Our goal is to ensure that you are strengthened, disciplined, and whole in all areas of your life, including your finances. Remember, “Come As You Are, You Won’t Stay as You Are”
GUIDELINES FOR EMERGENCY ASSISTANCE

The Benevolence fund serves those who have been members for a year or more, a consistent tither and are in “Emergency Need” of assistance. If eligible all requests should be made at least 5-7 days before invoice is due. After your application is reviewed you will be contacted within 10-14 business days to inform you of your approval or denial of assistance. Incomplete application will face automatic denial.

The Benevolence Program does not support the following investments, liabilities, luxury items or non-living necessities:

- College Tuition
- Educational Training Programs
- Car note payments
- Financing New Loans
- Down payment/Security Deposit on homes or apartments
- Closing costs for home purchases/Foreclosures on homes
- Credit card debt
- Telephone Bill/unless minors are in the home
- Insurance/Medical debt
- Student Loan
- Reinstatement of license from the BMV
- Funeral Expenses
- Past Due Federal, State and City Tax
- Other area(s) as defined by the committee as luxury items, and not living necessities

Benevolence Aide and Assistance Requirements

You must meet minimum requirements to be considered.

Yes ☐ No ☐ Have you been an active member for at least 6 months or more?
Yes ☐ No ☐ Are you a consistent tither?
Yes ☐ No ☐ Have you been granted benevolence anytime this year?
Yes ☐ No ☐ Are you currently serving in ministry?

Disbursement of Funds

If granted Benevolence, all checks will be made payable to the invoiced company (no exceptions).
CASH REQUESTS will not be honored. Amounts granted are based on total amount requested and fiscal year constraints. All documentation provided will be verified before a decision is made.

I have read and understand all of the above information. I understand that if I do not meet the minimum pre-application requirements I will not be eligible to apply for assistance. I have answered the questions honestly and with the best of my ability.

Sign: _______________________________ Date: __________
Today's Date:   /   /   

General Information

Name: ________________________ Last 4 digits of Social Security # ________________

Current Address: __________________ City____________ State: _____ Zip________

Home Phone: _________________________ Cell Phone: _________________________

Have you received financial assistance from The Word Church Benevolence Program within the past 12 months? ______

If answered yes, STOP HERE. You are not eligible to receive assistance. Please refer to “Mandatory Guideline” on page 2.

Marital Status: (Circle One): Married   Single   Separated   Divorced   Widowed

If married how long? ______________

(List all family members living with you)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Male/Female</th>
<th>Live with you</th>
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Employment Information

Currently employed? ☐ Yes  ☐ No

Name of Current Employer: ______________________________

How long have you been employed? _____________

Employer Address: ______________________ Telephone: ________________

Status:  Full-time ☐ Part-time ☐
MEMBERSHIP

Member Number: _______  Original Membership date: _____

Are you currently active in any ministry: Yes ☐ No ☐

If no, please explain:

____________________________________________________

____________________________________________________

If yes, what Ministry are you active in? ________________________________

Who is your Ministry Leader? ________________________________

How long have you been serving in this particular ministry? _____

Are you a consistent tither? Yes ☐ No ☐

If no, please explain:

____________________________________________________

____________________________________________________

INCOME VERIFICATION

Current pay cycle: Weekly ☐ Bi-Weekly ☐ Monthly ☐

Current monthly income: ________________

Do you have an active bank account?  (Please check all that apply)

Checking ☐  Current Balance: ________

Savings ☐  Current Balance: ________

Name of Financial Institution: ________________________________

Are other household members employed? Yes ☐ No ☐
If yes, please document each employed household member:

Name: ____________________ Current employer: ____________________________________
Status: Full-time ☐ Part-time ☐
Current pay cycle: Weekly ☐ Bi-Weekly ☐ Monthly ☐ Current Monthly Salary: ________

Name: ____________________ Current employer: ____________________________________
Status: Full-time ☐ Part-time ☐
Current pay cycle: Weekly ☐ Bi-Weekly ☐ Monthly ☐ Current Monthly Salary: ________

Name: ____________________ Current employer: ____________________________________
Status: Full-time ☐ Part-time ☐
Current pay cycle: Weekly ☐ Bi-Weekly ☐ Monthly ☐ Current Monthly Salary: ________

**UNEMPLOYED APPLICANT**

Have you applied for employment and where? ________________________________
 ________________________________

What areas of work are you seeking? ________________________________
 ________________________________

Do you receive Unemployment or Workers Compensation? Yes ☐ No ☐
If yes, total income amount__________

**ASSETS AND OTHER INCOME (CHECK ALL THAT APPLY)**

Own your home ☐ monthly mortgage________

Rent ☐ monthly rent________

Own a vehicle ☐ car payment amount ________

Food Stamps ☐ monthly amount received __________
Housing Aid  □ monthly amount received __________

Child Support  □ monthly amount received __________

Alimony  □ monthly amount received __________

Medicare  □ monthly amount received __________

Other Income  □ monthly amount received __________

TOTAL MONTHLY HOUSEHOLD INCOME FOR YOURSELF AND OTHERS

Including all monies received during the month, including household members who work, what is your total monthly income? $____________________

PLEASE CHECK ALL OF THE RESOURCES THAT YOU HAVE APPLIED AND/OR RECEIVED HELP:

Have you applied for assistance from any of the following? If so, how much have you received?

Check all that apply and explain below:

□ Salvation Army
□ Department of Human Services
□ County Legal Aid
□ Housing Authority
□ Unemployment Compensation
□ Good Will Industries
□ United Way
□ Other Churches (Name of Church) __________

If you checked yes:

When did you receive funds? ______ Amount received: ______

Briefly explain the need(s) that you are asking the church to help with:
Use the back of this sheet if more space is needed

________________________________________________________________________________________
________________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Note:

Written documentation must be attached to this form, i.e. (Disconnection notices, Eviction notices.)
Please **DO NOT** attach lease agreements, this does not show current amount due or date of invoice.

Please attach documentation showing the current date invoice is due or past due.

I am requesting $_______________

If benevolence is approved what company should the check be written to? *(Please state the specific name of the company the check should be submitted to)*

Name of Company or Person of contact:

_____________________________________________________________________________________

Name of Company or Person of contact:

_____________________________________________________________________________________

Name of Company or Person of contact:

_____________________________________________________________________________________
BUDGET MEETING NOTES

NOTES:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Budget meeting completion date: _________

Verification of Completion:

Meeting Conductors Signature: Attendee’s Signature:

__________________________ Date:_____ ____________________________ Date:_____ 

COMMITTEE ACTION

Date of Committee Review: ________

Approved:
Amount Approved $_________

Denied:
Reason for Action:

________________________________________________________________________________________

________________________________________________________________________________________