Benevolence Assistance Request Form

Date: _______________________________

What is the Benevolence Fund?
The Benevolence Fund is a limited financial fund, made available by application to members of GracePoint Church who are struggling financially. You must have been a member at least 6 months to qualify. The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need.

What kind of help is available?
Our concern for you is not limited to your financial situation. We care about your emotional, spiritual, and relational health, as well as your general well being. In order to continue to get support from the Benevolence Fund, we require a six session financial counseling mentorship with you (and your spouse, if married).

Would you like a Pastor to follow up with you about your emotional, spiritual, and relational health? (Note: Your response to this has no bearing on the decision about your financial request.)

☐ No thank you.
☐ Yes. Call me at # __ __ __ - __ __ __ - __ __ __ __

Please call between the hours of _______ AM/PM and _____ AM/PM

Who will see the information that I put on this form?
All information provided on the Benevolence application and to the Benevolence Team or Pastors will be kept as private as possible. Please be honest and open in responding to the questions. It is likely during the process that your information may be reviewed by the church staff, the Benevolence Team, Elders, and Pastors. We are not here to judge anyone, but to provide compassionate assistance according to our guidelines and available resources in times of difficulty.

What do I do after filling out this form?
Bring your form to the church office during the Sunday morning service or church offices hours (9am to 5pm, Monday – Thursday and 9am to Noon on Friday). Within 48 business hours you will receive confirmation letting you know the application has been received. We may also try and set up the first of your 6 required financial counseling sessions at this time.

Once an application is received, the Benevolence Team will meet to review it. You will be contacted if more information is needed. If your request is approved, it may take up to 2 weeks to receive funding. No funding will be given directly to the applicant, but to the company where the amount is needed.
Benevolence Application...

A. Criteria for considering your request:
1. Membership at GracePoint Church.
   - Yes, I am a member of GracePoint Church.
   - No, I am not a member of GracePoint Church.
   Please provide brief explanation:

   __________________________________________________________
   __________________________________________________________

2. I release the GracePoint Church Benevolence Team to the following:
   (acknowledge all with your initials)

   ___ Contact my Employer and References    ___ Assess previous financial requests
   ___ Contact my Life group and/or          ___ Request further supporting documentation
   ___ Ministry Contact (if applicable).

B. Personal Information:

   Last Name ___________________________ First ___________________ MI ______
   Street Address ________________________________ Apt # ______
   City __________________________ State _______ Zip ______
   Phone (Daytime) _____________ (Night) _____________ (Work) ____________
          ___ Male ___ Female Date of Birth __/__/____ Age __________
   Email __________________________________________________________
   Marital Status  ___ Single ___ Engaged ___ Married ___ Female ___ Separated ___ Divorced ___ Widowed

C. Spouse Information:

   Last Name ___________________________ First ___________________ MI ______
   Street Address ________________________________ Apt # ______
   City __________________________ State _______ Zip ______
   Phone (Daytime) _____________ (Night) _____________ (Work) ____________
          ___ Male ___ Female Date of Birth __/__/____ Age __________
   Marital Status  ___ Single ___ Engaged ___ Married ___ Female ___ Separated ___ Divorced ___ Widowed

D. List all other individuals sharing your household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Monthly Income</th>
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</thead>
<tbody>
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</table>
E. Please list your specific requests:

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<thead>
<tr>
<th>Amount</th>
<th>Description of Need</th>
<th>By Date</th>
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<th>A</th>
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(Office Use Only)

F. Briefly, what events led to your needing assistance?
   (if you need more room, please use the back of this paper)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

G. Applicant Employment History:

Present/Most recent Employer ______________________________
Position and Job Description ______________________________

Supervisor’s Name ______________________________ Phone __________________
Employer’s Address ______________________________
   City ______________________________ State ________ Zip ________
Employment Dates From ___/___/____ To ___/___/____
If unemployed, for how long? ______________________________
Are you currently seeking employment? □ Yes □ No
If ‘no’, why not? ______________________________
If ‘yes’, what steps are you taking to seek active employment? __________________
________________________________________________________________________________

H. Spouse’s Employment History:

Present/Most recent Employer ______________________________
Position and Job Description ______________________________

Supervisor’s Name ______________________________ Phone __________________
Employer’s Address ______________________________
   City ______________________________ State ________ Zip ________
Employment Dates From ___/___/____ To ___/___/____
If unemployed, for how long? ______________________________
Are you currently seeking employment? □ Yes □ No
If ‘no’, why not? ______________________________
If ‘yes’, what steps are you taking to seek active employment? __________________
________________________________________________________________________________
I. **Housing/Car:**

- Own/Purchasing  
- Renting

How long at your present address? ________________

Landlord/Mortgage Company ____________________________________________________

Address ________________________________________________________________

City __________________________ State ___________ Zip ______________

Previous Address, landlord’s name and phone number

________________________________________________________________________

How long were you there and why did you move?

____________________________________

Do you have access to a car?  
- Yes  
- No

If Yes, it is  
- Owned (paid for)  
- Owned (paying payments)  
- Leased

If owned or leased, what model and year is the car ___________________________

If paying payments, how much until the car is paid off _________________________

How many cars are in your household? ___________

J. **Additional Information:**

Have you seen a financial counselor within the last six months?  
- Yes  
- No

If yes, with whom? __________________________________________________________

Have you contacted anyone else for assistance within the last six months?  
- Yes  
- No

If so, please specify:  
- Family  
- Friends  
- Churches  
- Agencies  
- Life Group

Are any of the above assisting with your needs?  
- Yes  
- No

Amount $___________

If no, why not? ______________________________________________________________

Do you use a budget?  
- Yes  
- No

What steps are you taking to improve your present situation? _________________

________________________________________________________________________

Have you requested or received assistance from GracePoint before?  
- Yes  
- No

If yes, when did you make the request and what amount was received?

Date ________________________ Amount $ __________________

K. **References:**

**Friends, other than relatives**

<table>
<thead>
<tr>
<th>Name (First &amp; Last)</th>
<th>Phone Number</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</table>

**Life Group (if part of a GracePoint Life Group)**

<table>
<thead>
<tr>
<th>Name (First &amp; Last)</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Host</td>
<td></td>
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<tr>
<td>Member:</td>
<td></td>
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</tbody>
</table>

**Ministry Contact Person (if you volunteer at GracePoint)**

Name ___________________________ Phone Number __________________
L. Any Additional Notes:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

M. Financial Overview

<table>
<thead>
<tr>
<th>Monthly Income Sources</th>
<th>$_________</th>
<th>How often are you paid? _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job #1 (Take Home Pay)</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Job #2</td>
<td>$_________</td>
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<tr>
<td>Spouse’s Job #1</td>
<td>$_________</td>
<td></td>
</tr>
<tr>
<td>Spouses Job #2</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Child/Spousal Support</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Retirement</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Social Security</td>
<td>$_________</td>
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<tr>
<td>SSI/Disability</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Food Stamps/WIC</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Other Income</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Total Monthly Income</td>
<td>$_________</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Monthly Expenses Incurred</th>
<th>$_________</th>
<th>$_________</th>
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</thead>
<tbody>
<tr>
<td>Tithes/Contributions</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Rent/Mortgage</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Car Payment(s)</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Auto Insurance</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Auto (Gas &amp; Oil)</td>
<td>$_________</td>
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<tr>
<td>Electric/Gas/Water</td>
<td>$_________</td>
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<tr>
<td>Food (Groceries &amp; Eating Out)</td>
<td>$_________</td>
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<tr>
<td>Phone (Home &amp; Cell)</td>
<td>$_________</td>
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<tr>
<td>Cable TV</td>
<td>$_________</td>
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<tr>
<td>Day Care</td>
<td>$_________</td>
<td></td>
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<tr>
<td>Child/Spousal Support</td>
<td>$_________</td>
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<tr>
<td>Furniture/Appliances</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Credit Cards</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>School Loans</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Bank Loans/Other</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Lottery Tickets/Gambling</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Personal/Pet Care</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Other</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Total Monthly Expenses</td>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Income – Expenses = $_______________________________</td>
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</tbody>
</table>
N. Release Information

I hereby authorize the release of information to GracePoint Church to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand GracePoint may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for GracePoint Church to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies above regarding the Release of Information.

Signature: ________________________________ Date: ____________