

Financial Response: Benevolence Assistance Request Form

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. Any funds granted are a gift; repayment is not expected.

Who will see the information that I put on this form?

All information provided on the Benevolence application and to the Financial Response 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 Lead Pastor and Elders and any church staff necessary to process any distribution of benevolence funds. Our purpose is to provide compassionate assistance according to our guidelines and available resources in times of difficulty.

What do I do after filling out this form?

During this shelter-at-home period, email the completed form to the Financial Response team member assigned to you. This individual will reach out to schedule a time for you (and your spouse, if married) to review your application, discuss your need, and forward the request (as applicable) to church leadership for final consideration.

From there, we do require you meet monthly with this team member until such time as the church determines you are moving closer to financial health.

Additionally, GracePoint does not disburse funds directly to applicants. You must supply invoice(s) for each financial need which, if approved, will be paid directly to vendor(s).

Finally, the ability to receive emergency funds will be determined by the need assessment conducted and based on funds available in the church's emergency relief fund.

Authorization for Release of 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 all income is reported. I understand GracePoint may verify the information on this application and that deliberate misrepresentation of information may deny assistance.

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 Benevolence Assistance Program and this permission for Release of Information.

Signature: _____ Date: _____

Benevolence Application

A. Personal Information:

Last Name _____ First _____ MI _____
Street Address _____ Apt # _____
City _____ State _____ Zip _____
Phone (Daytime) _____ (Night) _____ (Work) _____
Email _____
Date of Birth ___/___/___ Age _____ Marital Status _____
Spouse Last Name _____ First _____ MI _____
Phone (Daytime) _____ (Night) _____ (Work) _____
Email _____

B. Briefly, what events led to your needing assistance?

(if you need more room, please use the back of this paper)

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

C. Please list other means of financial assistance you have received / are seeking.

Stimulus Checks _____ Amount \$ _____
Unemployment Benefits _____ Amount \$ _____
PPP (small business) _____ Amount \$ _____
Other _____ Amount \$ _____
Other _____ Amount \$ _____
Other _____ Amount \$ _____

(Example of "other" includes family, friends, churches, agencies, GracePoint members)

Have you requested or received assistance from GracePoint before? _____

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

Date _____ Amount \$ _____

D. Please list your specific requests:

	Amount	Description of Need	Date Needed
1.	_____	_____	___/___/___
2.	_____	_____	___/___/___
3.	_____	_____	___/___/___

E. 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.) Y/N _____

F. Employment History:

Present/Most recent Employer _____

Position and Job Description _____

Supervisor's Name _____ Phone _____

If unemployed, for how long? _____

Are you currently seeking employment? _____

If 'yes', what steps are you taking to seek active employment? _____

G. Spouse Employment History:

Present/Most recent Employer _____

Position and Job Description _____

Supervisor's Name _____ Phone _____

If unemployed, for how long? _____

What steps are you taking to seek active employment? _____

H. References:

1. Friends (other than relatives)

a. Name _____ Phone _____

b. Name _____ Phone _____

c. Name _____ Phone _____

2. City Group (if part of a City Group)

a. Host Name _____ Phone _____

b. Member _____ Phone _____

3. Ministry Contact (if you volunteer at GracePoint)

a. Name _____ Phone _____

I. Current Monthly Cash Flow

On the next two pages, please provide, to the best of your ability, the most recent amounts of income (based on all sources of income, including all sources of financial assistance) and spending. This information will help validate your benevolence request and also provide opportunity for the Financial Response team member to assist you with identifying other possible opportunities for financial relief. If you do not currently maintain a budget, this tool will help you with personal financial management.

MONTHLY CASH FLOW PROJECTIONS

MONTHLY INCOME (ALL SOURCES) _____

CHARITY	Spent	Budgeted	FOOD	Spent	Budgeted
Tithes/Offering	_____	_____	Groceries	_____	_____
Charity	_____	_____	Restaurants	_____	_____
TOTAL (10-15%)	_____	_____	TOTAL (5-15%)	_____	_____

HOUSING	Spent	Budgeted	TRANSPORTATION	Spent	Budgeted
Mortgage/Rent	_____	_____	Gas & Oil	_____	_____
Property Tax	_____	_____	Repairs & Tires	_____	_____
Repairs / Maint	_____	_____	License & Taxes	_____	_____
Association Dues	_____	_____	Car Payment / Repl.	_____	_____
TOTAL (25-35%)	_____	_____	Tolltag / Tolls	_____	_____
			TOTAL (10-15%)	_____	_____

SAVING	Spent	Budgeted	CLOTHING	Spent	Budgeted
Emergency Fund	_____	_____	Adults	_____	_____
Retirement Fund	_____	_____	Children	_____	_____
College Fund	_____	_____	Cleaning / Laundry	_____	_____
TOTAL (10-15%)	_____	_____	TOTAL (2-7%)	_____	_____

UTILITIES	Spent	Budgeted	MEDICAL/HEALTH	Spent	Budgeted
Electricity	_____	_____	Medications	_____	_____
Gas	_____	_____	Doctor Bills	_____	_____
Water	_____	_____	Dentist	_____ +_	_____
Trash	_____	_____	Optometrist	_____	_____
Phone/Mobile	_____	_____	Vitamins	_____	_____
Internet	_____	_____	Other	_____	_____
TOTAL (5-10%)	_____	_____	TOTAL (5-10%)	_____	_____

INSURANCE	Spent	Budgeted	RECREATION	Spent	Budgeted
Life Insurance	_____	_____	Entertainment	_____	_____
Health Insurance	_____	_____	Vacation	_____	_____
Home / Rent	_____	_____	Sports / Gym	_____	_____
Auto Insurance	_____	_____	Cable / Streaming	_____	_____
Disability Ins.	_____	_____	TOTAL (5-10%)	_____	_____
Identity Theft	_____	_____			
Long-Term Care	_____	_____			
TOTAL (10-25%)	_____	_____			

PERSONAL	Spent	Budgeted	DEBTS	Spent	Budgeted
Child Care/Sitter	_____	_____	Car Payment 1		
Toiletries	_____	_____	Car Payment 2		
Cosmetics/Hair	_____	_____	Credit Card 1		
Education	_____	_____	Credit Card 2		
Books/Supplies	_____	_____	Credit Card 3		
Child Support	_____	_____	Credit Card 4		
Subscriptions	_____	_____	Credit Card 5		
Org. Dues	_____	_____	Student Loan 1		
Gifts (+ Holiday)	_____	_____	Student Loan 2		
Replace Furniture	_____	_____	Student Loan 3		
Pocket \$ (His)	_____	_____	Student Loan 4		
Pocket \$ (Hers)	_____	_____	Other _____		
Baby Supplies	_____	_____	Other _____		
Music/Tech	_____	_____	Other _____		
Miscellaneous	_____	_____	Other _____		
Other _____	_____	_____	Other _____		
Other _____	_____	_____	TOTAL (5-10%)	_____	_____
TOTAL (5-10%)	_____	_____			

MONTHLY BUDGET SUMMARY

TAKE HOME PAY _____

CATEGORY TOTAL _____

BALANCE _____