

## 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:

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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 Ministry Contact (if applicable).     Request further supporting documentation

### 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:

| Name | Age | Date of Birth | Relationship | Monthly Income |
|------|-----|---------------|--------------|----------------|
|      |     | / /           |              | \$ .           |
|      |     | / /           |              | \$ .           |
|      |     | / /           |              | \$ .           |
|      |     | / /           |              | \$ .           |
|      |     | / /           |              | \$ .           |

**E. Please list your specific requests:**

| Amount | Description of Need | By Date | (Office Use Only) |   |
|--------|---------------------|---------|-------------------|---|
|        |                     |         | D                 | A |
| \$ .   |                     | / /     |                   |   |
| \$ .   |                     | / /     |                   |   |
| \$ .   |                     | / /     |                   |   |

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

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**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? \_\_\_\_\_

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**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? \_\_\_\_\_

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**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  
 Borrowed  A family member's

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**

| Name ( First & Last) | Phone Number |
|----------------------|--------------|
| 1.                   |              |
| 2.                   |              |
| 3.                   |              |

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

| Name (First & Last) | Phone Number |
|---------------------|--------------|
| Host:               |              |
| Member:             |              |

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

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**L. Any Additional Notes:**

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**M. Financial Overview**

**Monthly Income Sources**

|                             |                 |                               |
|-----------------------------|-----------------|-------------------------------|
| Job #1 (Take Home Pay)      | \$ _____        | How often are you paid? _____ |
| Job #2                      | \$ _____        |                               |
| Spouse's Job #1             | \$ _____        |                               |
| Spouses Job #2              | \$ _____        |                               |
| Child/Spousal Support       | \$ _____        |                               |
| Retirement                  | \$ _____        |                               |
| Social Security             | \$ _____        |                               |
| SSI/Disability              | \$ _____        |                               |
| Food Stamps/WIC             | \$ _____        |                               |
| Other Income _____          | \$ _____        |                               |
| <b>Total Monthly Income</b> | <b>\$ _____</b> |                               |

**Monthly Expenses Incurred**

|                               |                 |                              |
|-------------------------------|-----------------|------------------------------|
| Tithes/Contributions          | \$ _____        |                              |
| Rent/Mortgage                 | \$ _____        |                              |
| Car Payment(s)                | \$ _____        | \$ _____                     |
| Auto Insurance                | \$ _____        |                              |
| Auto (Gas & Oil)              | \$ _____        |                              |
| Electric/Gas/Water            | \$ _____        |                              |
| Food (Groceries & Eating Out) | \$ _____        |                              |
| Phone (Home & Cell)           | \$ _____        |                              |
| Cable TV                      | \$ _____        |                              |
| Day Care                      | \$ _____        |                              |
| Child/Spousal Support         | \$ _____        |                              |
| Furniture/Appliances          | \$ _____        |                              |
| Credit Cards                  | \$ _____        | \$ _____                     |
| School Loans                  | \$ _____        | \$ _____                     |
| Bank Loans/Other              | \$ _____        | \$ _____                     |
| Lottery Tickets/Gambling      | \$ _____        | \$ _____                     |
| Personal/Pet Care             | \$ _____        | \$ _____                     |
| Other _____                   | \$ _____        | \$ _____                     |
| <b>Total Monthly Expenses</b> | <b>\$ _____</b> | <b>+ \$ _____ = \$ _____</b> |

**Income - Expenses = \$ \_\_\_\_\_**

**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: \_\_\_\_\_