

## Application for Emergency Assistance



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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: \_\_\_\_\_

For Office Use Only:

Did the requestor qualify based on Guideline Requirements?

☐ Yes ☐ No

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)

Name	Age	Male/Female	Live with you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 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:

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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:

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## 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*

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**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:

\_\_\_\_\_

BELOW THIS POINT IS FOR OFFICE USE ONLY

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Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Original membership date: \_\_\_\_\_ Date completed Financial Literacy Course: \_\_\_\_\_

### BUDGET MEETING NOTES

NOTES:

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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:

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