

BENEVOLENCE REQUEST APPLICATION

(Request should be submitted one week prior to needed date)

PLEASE PRINT CLEARLY

Application Date: _____ Applicant Name: _____

Home Phone #: _____ Work/Cell Phone #: _____

Home Address: _____

City/State/Zip: _____

Age: _____ Date of Birth: _____

Current Marital Status: Single Married Divorced Separated Widow/er

Spouse's Name, if Applicable: _____

List **ALL** persons in household, relationship, and age:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT INFORMATION

Name of Employer: _____

Address: _____

City/State/Zip: _____

Telephone #: _____ Current Position: _____

Name of Immediate Supervisor: _____

Name of Spouse's Employer: _____
 Address: _____
 City/State/Zip: _____
 Telephone #: _____ Current Position: _____
 Name of Immediate Supervisor: _____

Total Household Income: _____ Weekly Monthly Annually Other

REFERENCES (not living in the same house, not a relative)

Name: _____ Telephone Number: _____
 Name: _____ Telephone Number: _____

TYPE OF ASSISTANCE

Food Shelter Rent/Mortgage Utilities Medication Other
 Please explain the circumstances which brought about this need.

Total Amount Requested: \$ _____
 Would you like financial counseling? Yes No

When requesting bill payment, copy of bill must be attached to request application.

#1 Company Name: _____
 Address _____
 City/State/Zip _____
 Telephone Number _____ Bill attached? Yes No
 Total Amount Due: \$ _____ Amount Requested: \$ _____

#2 Company Name: _____
 Address _____
 City/State/Zip _____
 Telephone Number _____ Bill attached? Yes No
 Total Amount Due: \$ _____ Amount Requested: \$ _____

#3 Company Name: _____
 Address _____
 City/State/Zip _____
 Telephone Number _____ Bill attached? Yes No
 Total Amount Due: \$ _____ Amount Requested: \$ _____

Have you been helped previously by MBC? Yes No
If yes, what kind of assistance did you receive and when?

Are you a member of another church? Yes No If yes, list church information.

Church Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Pastor's Name: _____

How did you hear about this church? Friend Family Member Other (explain below)

I understand that any assistance from Massaponax Baptist church will be given based upon the verification of information given on this application. I understand the truthfulness as well as the verification of an emergency and/or a need exists and all payments will be made payable directly to the agency/individual to whom it is due. **In addition, I understand that additional counsel from another agency may be recommended instead of assistance given.**

I have carefully read this application form and to the best of my knowledge and belief, the information submitted is true and accurate. I further certify that I understand and agree to the conditions of Massaponax Baptist Church regarding benevolence assistance.

Applicant's Signature: _____ Date: _____

FOR MBC USE ONLY

Date received by Pastor: _____

Disapproved Reason: _____

Approved By: _____

Pastor's Signature: _____

Ministry Team Leader's Signature: _____

Date Determination Made: _____

Check #: _____ Payable to: _____ Date: _____

Mailed to address on statement? Yes No

Additional comments: _____
