



Benevolence Fund Application

Dear applicant:

It is our privilege to serve you in every way we can. The Benevolence Funds are set aside for those who have specific needs that directly affect receiving the necessities of life: food, clothing, housing, transportation and health. **All checks will be payable to the creditor rather than the applicant.** Fill out all the necessary information to make this application complete. The benevolence fund is intended as a source of last resort, to be used when the family or individual requesting assistance has explored all other possibilities of help from family, friends, savings, or investments. It is intended to be a temporary help during a time of crisis. Those requesting assistance must also be willing to receive financial, family, or emotional counseling.

(1) IMPROPER ACCOUNTING OF FACTS AND INFORMATION WILL LEAD TO DISAPPROVAL.

(2) Copies of the following items must be uploaded with submittal of application.

- Your giving record at New Life Fellowship (NLF)
(upload your giving record from your New Life Fellowship Member's profile)
- Bills directly connected to your request
(provide digital proof of bill: Examples include PDF, Screenshot, Photo, etc.)
- One month of check stubs *(upload copies to verify monthly income)*

(3) Bring copies of bank statements for the last 60 days to the interview *(to verify available funds; account numbers may be concealed; but include name and date).*

(4) The completed application with all supported documentation should be uploaded and submitted online, which will be forwarded to the Benevolence Fund Committee for it to be considered completed, or processing will be delayed. After the committee has received your application you will be contacted to meet with the committee for your interview. Please know that from the date we receive your application to the receipt of funds can take up to ten business days.

(5) Repayment of funds is appreciated and will help assist others, but must be placed in the offering as general funds, for benevolence assistance is not a LOAN.

(6) All decisions by the committee will **be final.**

(7) Benevolence will be allocated according to the following guidelines:

- a. Active Members (100% of request, up to \$1,000)
- b. Inactive Members (maximum of 75% of request, up to 750.00)
- c. Non member (maximum 50% of request, up to 500.00)



Assistance Request Form

A. RECIPIENT INFORMATION

- 1. Date _____
- 2. Name _____
- 3. Address _____ City/Zip Code _____
- 4. Telephone (Home) _____ (Work) _____
- 5. Telephone (Cell) _____ E-mail _____
- 6. Marital Status _____ Number of Children _____
- 7. Has recipient received assistance from the Church in the past 12 months? No Yes

Explain: _____

B. PAYEE INFORMATION

8. Please list the creditor, bill, and amount in which you are requesting assistance (check those that apply).

Mortgage/Rent ___ Utilities ___ Medical Services ___ Vehicle ___ Other ___

<u>Creditor</u>	<u>Bill</u>	<u>Amount</u>	<u>Account No.</u>
Ex: Wells Fargo	Car Payment	500.00	123456
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Total amount requested: _____

10. EXPLANATION OF NEED: (Please explain in detail)



11. Driver's License or other form of Identification submitted? Yes No

12. Date available for subsequent counseling: _____

13. Have all other resources been exhausted? (i.e. Family members, friends, emergency and retirement funds, other assets.) Yes No

14. How long have you been a member of New Life Fellowship? _____

15. List all ministries of New Life Fellowship you have actively served and the year(s) you served in the ministry area.

C. EMPLOYMENT SECTION

Present Employer _____

Phone _____ Length of employment _____

Reason for unemployment _____

Spouse Employer _____

Phone _____ Length of employment _____

Reason for unemployment _____

I _____ acknowledged that to the best of my awareness all information recorded in this application is accurate and true and upon the decision of the Benevolence Fund Committee's recommendation to further correct my financial circumstances, I will follow through on committees' counsel.

RECIPIENT'S SIGNATURE:

X _____
(Digitally sign by typing in your name)

Date: _____



Budget Assessment Worksheet: Monthly Income and Expenses

Net Monthly Income	
Salaries:	
Interest:	
Dividends:	
Other Income:	
Total Income (add the above lines)	

Expenses	
Giving	
Church Giving:	
Other: _____:	
Housing	
Mortgage or Rent:	
Insurance:	
Property Taxes:	
Electricity:	
Heating/Gas:	
Water:	
Garbage Service:	
Telephone:	
Internet:	
Maintenance:	
Cleaning & Supplies:	
Other: _____:	
Food	
Groceries:	
Dine Out:	
Auto	
Car Payments:	
Gas & Oil:	
Insurance:	
Maintenance:	
Other: _____:	
Insurance	
Life:	
Medical:	
Other: _____:	
Debts (except auto & house payments)	
Credit Cards:	
Loans & Notes:	
Clothing	
Clothing Expenses:	

Expenses (cont'd)	
Savings	
Savings Expenses:	
Investments	
Investment Expenses:	
Entertainment	
Babysitters:	
Vacation:	
Pets:	
Other: _____:	
Medical	
Doctor:	
Prescriptions:	
Other: _____:	
Miscellaneous	
Toiletries/Cosmetics:	
Beauty/Barber:	
Laundry/Cleaning:	
Allowances:	
Subscriptions:	
Birthdays:	
Christmas Presents:	
Postage:	
Accounting/Legal:	
Education:	
Other: _____:	
Childcare/Education	
Tuition:	
Day Care:	
Other: _____:	
Total Expenses (add the above lines)	

Total Income: _____

Total Expenses: _____

Surplus or Deficit: _____



OFFICE USE ONLY

Committee Decision: _____ **Approve** _____ **Disapprove** _____ **Other**

Date _____

Amount Approved: _____

Committee Members:

X _____

Date: _____

X _____

Date: _____

X _____

Date: _____

COUNSELOR NOTES
