

# Guts Church Benevolence Request

*Benevolence eligibility will be considered for single mothers or widows who have been active members of Guts Church for at least the past 6 months. Assistance is only provided for housing, utilities, or food needs. If you do not meet the above criteria we have names of local agencies that may be able to assist you with your need.*

**Please be assured all information will remain confidential**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

single     separated     divorced     widow

Names and ages of those living in your household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you completed our membership class? \_\_\_\_\_ If so, when? \_\_\_\_\_

What area(s) do you volunteer in & how long? \_\_\_\_\_

Service(s) you regularly attend:

Sunday 8:30am       Sunday 6pm       Sub30  
 Sunday 10am       Wednesday 7pm

Names and phone numbers of two current members of Guts Church that you know.

\_\_\_\_\_ PH: \_\_\_\_\_

\_\_\_\_\_ PH: \_\_\_\_\_

Have you received assistance from any church, ministry or agency during the past 30 days? Yes( ) No( )      60 days? Yes( ) No( )      Year? Yes( ) No( )

## **EMPLOYMENT INFORMATION**

Place of employment: \_\_\_\_\_ How long employed: \_\_\_\_\_

Current Weekly Income: \$ \_\_\_\_\_

If not employed, when was the last time you had a steady work job and income?

\_\_\_\_\_

If not employed, where have you applied for work recently?

\_\_\_\_\_  
\_\_\_\_\_

## **CURRENT INFORMATION**

Briefly state the current circumstance that has required you to ask for assistance today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your current monthly expenses:

Mortgage/Rent: \_\_\_\_\_ Food: \_\_\_\_\_ Phone: \_\_\_\_\_

Gas/Electric: \_\_\_\_\_ Water: \_\_\_\_\_ Car: \_\_\_\_\_ Medical: \_\_\_\_\_

Other: \_\_\_\_\_

Please list your current financial need with amount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have relatives or friends who are capable of assisting you financially or with food/housing?

Yes                       No

## LIST TWO FAMILY REFERENCES

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

If you are requesting a bill payment, please supply the following information along with a **copy** of the bill (for more than one bill, please attach the additional information):

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Total Amt. Due: \$ \_\_\_\_\_

Amount Required: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Total Amt. Due: \$ \_\_\_\_\_

Amount Required: \$ \_\_\_\_\_

..... **Do Not Write On This Page** .....  
(Office Use Only)

Date application received into office: \_\_\_\_\_

Information from Community Help Line: \_\_\_\_\_

\_\_\_\_\_

Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Unapproved: \_\_\_\_\_ Reason: \_\_\_\_\_

Payable To: \_\_\_\_\_ Amt.: \$ \_\_\_\_\_ CK#: \_\_\_\_\_

Sent To: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Additional Comments: