

BENEVOLENCE REQUEST APPLICATION

REQUEST SHOULD BE SUBMITTED SEVEN (7) DAYS IN ADVANCE OF DESIRED DATE

PLEASE PRINT CLEARLY

Application Date: _____ Deacon's Name: _____

Applicant Name: _____

Home Number: _____ Work/Cell Number: _____

Home Address: _____

City/State/Zip _____

Age: _____ Date of Birth: _____

Current Marital Status: Single Married Divorced Separated Widow

Spouse Name: _____

List all persons in household, relationship and age:

| Name | Relationship | Age | Work, School, Other (list) |
|-------|--------------|-------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMPLOYMENT INFORMATION

| |
|---|
| Name of Employer: _____ |
| Address: _____ |
| City/State/Zip: _____ |
| Telephone Number: _____ Current Position: _____ |
| Name of Immediate Supervisor: _____ |

| |
|---|
| Name of Spouse Employer: _____ |
| Address: _____ |
| City/State/Zip: _____ |
| Telephone Number: _____ Current Position: _____ |
| Name of Immediate Supervisor: _____ |

Total Household Income: \$ _____ Weekly Monthly Annually Other

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

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

TYPE OF ASSISTANCE

Food Clothing Shelter Rent/Mortgage Utilities
Medication Transient Other: _____

Please explain the circumstances which brought about this need.

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

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

| | |
|----------------------------|---|
| #1 Company Name: _____ | |
| Address _____ | |
| City/State/Zip _____ | |
| Telephone Number: _____ | Bill attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Amount Due: \$ _____ | Amount Requested: \$ _____ |

| | |
|-------------------------|---|
| #2 Company Name: _____ | |
| Address _____ | |
| City/State/Zip _____ | |
| Telephone Number: _____ | Bill attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Due: \$ _____ | Amount Requested: \$ _____ |

| | |
|----------------------------|---|
| #3 Company Name: _____ | |
| Address _____ | |
| City/State/Zip _____ | |
| Telephone Number: _____ | Bill attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Amount Due: \$ _____ | Amount Requested: \$ _____ |

Have you been helped previously by FBCM? 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 Other (explain below)

I understand any assistance from First Baptist Church of Mandarin will be given based upon the verification of information given on pages 1 and 2 of this form. 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 understand that First Baptist Church of Mandarin has a benevolent policy of:

FBCM Members:

- The Benevolence Request Application Form must be fully completed prior to submitting to the Deacon’s Ministry.
- There is a \$300.00 per request with a \$500.00 per year limit on disbursement per household and/or family.

FBCM Non Member:

- The Benevolence Request Application Form must be fully completed prior to submitting to Church Staff.
- There is a \$100.00 per request with a \$250.00 per year limit on disbursement per household and/or family.

If the request is \$300.00 or less, the approval or disapproval of this application is contingent upon the Finance Ministry, the Deacon’s Ministry and the Assistant Administrator. When more than \$300.00, general approval is required; however contingent upon Senior Pastor’s approval or disapproval.

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 the First Baptist Church of Mandarin Finance Ministry regarding benevolence assistance.

Applicant’s Signature: _____ Date: _____

| | |
|-----------------------------|----------------------|
| FOR FBCM USE ONLY | |
| Investigating Deacon: _____ | Date Received: _____ |
| Comment: _____ | |
| Deacon’s Signature: _____ | |

| | |
|---|--|
| Administration Staff: _____ | Date Received: _____ |
| <input type="checkbox"/> Disapproved: Reason: _____ | |
| <input type="checkbox"/> Approved: Approved By: _____ | Date: _____ |
| Check #: _____ | Date: _____ Mailed to address on statement? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Comment: _____ | |
| Administration Signature: _____ | Date: _____ |