

Date: _____
Rec'd by _____



Request Form

___ Walk-In ___ Phone-In ___ E-mail (*preferred method*) Initial Contact Date: _____

Filling out this application does not guarantee you financial assistance. All applications must be completed in full. Please be as specific as possible when filling in your information, and please read guidelines carefully before completing and submitting this application. Applications may be submitted via email to: Benevolence@freewillmbc.org

PERSONAL INFORMATION

Name: _____ DOB: _____
Address _____ City _____ State _____ Zip _____
Cell Phone _____ Work Phone _____ Alternate Phone _____

CHURCH INFORMATION

Are you a member of FMBC? ___ Yes ___ No / If no, what church are you a member of? _____

Do you give regularly to this ministry? ___ Yes ___ No

If you answered No to the questions above, do you desire to know more about Jesus; he who makes all gifts possible? ___ Yes ___ No

FAMILY INFORMATION

___ Married ___ Widowed ___ Divorced ___ Single ___ Separated

If Married: Spouse Name? _____

Do you have children? ___ Yes ___ No

How many children are currently in the home? _____ Ages: _____

Are you presently providing financial support for your spouse and family? ___ Yes ___ No

If no: How are your family's physical needs being met? _____

Have you ever received assistance from FMBC? ___ Yes ___ No If yes, when? _____

(please note - no assistance will be given more than once within a rolling 12-month period)

EMPLOYMENT INFORMATION

Are you presently employed? ___ Yes ___ No

Is your spouse presently employed? ___ Yes ___ No

If yes:

___ Full Time ___ Part-Time ___ Self-Employed

How many hours do you work per week? _____

If no:

___ Unemployed ___ Retired ___ Disability

How long have you been unemployed? _____

INCOME INFORMATION

Please indicate source and amount received per month

Employment (1) \$ _____	Employment (2) \$ _____	Unemployment \$ _____
AFDC/TANF \$ _____	Disability \$ _____	SSI \$ _____
Food Stamps \$ _____	HUD Housing \$ _____	Child Support \$ _____

NEED REQUEST

Please explain what is the cause or nature of your current hardship? _____

What steps are you taking to remedy this situation?

Have you sought help from any other churches or social agencies? ___Yes ___No
 If yes: briefly explain _____

Type of assistance requested (Bill/Statement must be attached)

<u>Debt</u>	<u>Company</u>	<u>Amount</u>
Mortgage/Rent	_____	_____
Utility - Electricity	_____	_____
Utility - Gas	_____	_____
Utility - Water	_____	_____

Payments for non-essential items will not be granted (*i.e. cell/home phone, cable, internet, automobile, title loan, etc.*).

NOTICE TO REQUESTER

Please attach copies of the following to this application prior to submission.

1. Monthly expenses (Monthly Budget Worksheet will be provided upon request)
2. Current statements/bills for which you are requesting assistance. Name of requester has to match the name on the bill.

This benevolence form is not a contract for assistance, nor is it a guaranty of assistance from FMBC. Your signature below indicates that you understand the following:

1. The Benevolence Committee may refer you to outside/appropriate agencies (MCCEO, Unemployment Office, Welfare Department, etc.)
2. The Benevolence Committee reserves the right to follow up on any information provided to the Committee. The Committee will be sensitive to confidential information.
3. The Benevolence Committee will hold you accountable for taking steps to remedy this situation.
4. Assistance is intended to be a gift. However, under no circumstances is a gift from FMBC to be considered a loan. No gift may be repaid, either in part or in full, in money or labor.

 Signature of Requester

 Date

 Spouse Signature

 Date

OFFICE USE ONLY

Committee Recommendation

Date	Notes
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Care Plan

Is applicant willing to participate in financial or personal ministry? ___Yes ___No

Is applicant willing to be held accountable for a plan of care? ___Yes ___No

Committee Action

Approved	Denied	Signatures
_____	_____	_____
_____	_____	_____

Summary of Assistance Rendered

Signature of Financial Assistance Team Member

Printed Name