REEWILL MISSIONARY BAPTIST CHURCH
MISSIONARY BAPTIST CHURCH A Church on the Move for Lot

Date:	
Rec'd by	

Request Form

Walk-InP	hone-InE	-mail (<i>preferred method</i>)	Initial Contact Date:	
specific as possible when	n filling in your in		All applications must be completed in full. Puidelines carefully before completing and submediately and submediately and submediately are submediately as a submediately applications.	
PERSONAL INFOR	MATION			
Name:			DOB:	
Address		City	DOB: State Zip Alternate Phone	
Cell Phone	W	ork Phone	Alternate Phone	
CHURCH INFORM	ATION			
Are you a member of	FMBC?Yes _	_No / If no, what church	are you a member of?	
Do you give regularly	to this ministry?	YesNo		
If you answered No to the	ne questions above	, do you desire to know more	e about Jesus; he who makes all gifts possible	e?YesNo
Do you have children's How many children ar Are you presently pro If no: How are your fa Have you ever receive (please note - no assistance) EMPLOYMENT IN Are you presently emplis your spouse present If yes: Full Time Pa How many hours do y If no: Unemployed	ame?	e home?support for your spouse an needs being met?n FMBC?Yes No than once within a rolling 12-12. No Yes No F-Employed k?	month period)	
INCOME INFORMA		DI		
Employment (1) \$ AFDC/TANF \$ Food Stamps \$		Please indicate source and amo Employment (2) \$ Disability \$ HUD Housing \$	Unemployment \$ SSI \$	

Benevolence Intake Form			PAGE 2	
NEED REQUEST Please explain what is t	he cause or nature of your current	t hardship?		
What steps are you taki	ng to remedy this situation?			
	rom any other churches or social			
Type of assistance requ	ested (Bill/Statement must be atta	ached)	<u>nt</u>	
Mortgage/Rent				
Utility - Electricity				
Utility - Gas				
Utility – Water				
Payments for non-esser	itial items will not be granted (i.e.	cell/home phone, cable, internet, automobile, titl	e loan, etc.).	
1. Monthly expen	the following to this application pages (Monthly Budget Worksheet)		to match the name on the	
 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; The Benevolence Committee may refer you to outside/appropriate agencies (MCCEO, Unemployment Office, Welfare Department, etc.) The Benevolence Committee reserves the right to follow up on any information provided to the Committee. The Committee will be sensitive to confidential information. The Benevolence Committee will hold you accountable for taking steps to remedy this situation. 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 will Is applicant will	Care Plan Is applicant willing to participate in financial or personal ministry?YesNo Is applicant willing to be held accountable for a plan of care?YesNo					
Committee Act	ion					
Approved	Denied	Signatures				
				_		
				_		
Summary of As	ssistance Rendered					
				_		
=						
Signature of Fin	ancial Assistance Team	Member	Printed Name			