

BENEVOLENCE APPLICATION

(This is a confidential application for review by the Benevolence Committee only.)

Date _____

Name _____ Spouse's Name _____

Date of Birth _____ Present Address _____

City _____ State _____ Zip _____

Phone Number (h) _____ (w) _____ (cell) _____

Marital Status:

Single _____ Married _____ Separated _____ Divorced _____
Engaged _____ Widowed _____ Annulled _____ Divorced & Remarried _____

Names and ages of children currently living with you

1. _____ Age ____ 2. _____ Age ____ 3. _____ Age ____

4. _____ Age ____ 5. _____ Age ____ 6. _____ Age ____

How long have you lived at your present address? Years _____ Months _____

Do you own/rent your home? _____ Balance if own _____

Do you lease/own your car? _____ Balance if own _____ Year _____
Make _____ Model _____

What is your involvement with Central? Member _____ Regular Attender _____ How long? _____

What past and present ministries have you served in at Central? _____

My small group leader name _____ We may call your small group leader to ask for help. Do we have permission to contact him/her? Yes _____ No _____

Where does your closest relative live? _____ Are they aware of your need? _____

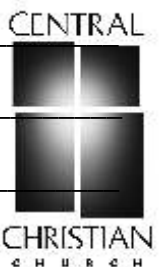
Are they able to help? _____ Are you currently receiving assistance from any other source?
Ex: Family, SDI, Unemployment If yes, please give source of assistance and amount/type received below.

Have you ever filed for bankruptcy? Yes _____ No _____ Year filed _____

Current Employer _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip _____



If unemployed, please list when and where you were last employed. Date of termination _____

Name _____ Phone _____

Address _____ State _____ Zip _____

Spouse's Employer _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip _____

What other resources offered at Central have you pursued? Counseling, Small Groups, Budget Coaching

Have you applied or received assistance from Central in the past? _____ Amount _____

If we offer assistance, you may be asked to participate in several Budget Coaching sessions, take the 101 Membership Class or other counseling. Are you willing to make this commitment? Yes ___ No ___

Tell us about your need and how you feel we can best help you. Include what life circumstances brought you To this place. PLEASE ATTACH THE ORIGINAL INVOICES AND ENVELOPES OF ALL BILLS FOR WHICH YOU ARE REQUESTING ASSISTANCE.

OFFICE USE ONLY

NEED: _____

ACTION TAKEN (Date/Time): _____

FUTURE ACTION: _____

BENEVOLENCE FINANCIAL STATEMENT

SOURCES OF MONTHLY INCOME

Salary _____	Spouse's Salary _____
Self-Employment _____	Alimony _____
Child Support _____	Social Security _____
Unemployment _____	Disability _____
Pension _____	Other _____

MONTHLY EXPENSES

	Payment	Date due	Mos late	Bal Owing
1 st Mtg/Rent w/tax/ins	_____	_____	_____	_____
2 nd Mtg	_____	_____	_____	_____
Electricity	_____	_____	_____	_____
Water	_____	_____	_____	_____
Gas	_____	_____	_____	_____
Land line phone	_____	_____	_____	_____
Waste Mgmt	_____	_____	_____	_____
Car Payment	_____	_____	_____	_____
Car Payment	_____	_____	_____	_____
Car Ins	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

DEBT

	Name of Payee	Payment	Mos Late	Bal Owing
Loan	_____	_____	_____	_____
Loan	_____	_____	_____	_____
Collection	_____	_____	_____	_____
Collection	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Bankruptcy	_____	_____	_____	_____
Student Loans	_____	_____	_____	_____
Medical	_____	_____	_____	_____