BENEVOLENCE FUND / COVID-19 CRISIS RELIEF FUND FORM



E-MAIL COMPLETED FORM TO: BENEVOLENCE@GRACETUCSON.ORG

PURPOSE & GUIDELINES

The purpose of the Benevolence Fund / COVID-19 Crisis Relief Funds are to provide financial aid to those who are in need, residing in the Tucson vicinity and attending Grace Community Church in person or on-line due to health concerns or other constraints.

The **Benevolence Fund** is used to help those who regularly attend Grace Community Church and are going through serious financial crisis. This help is intended to be temporary in nature and used only as a last resort after obtaining help from family, friends, and personal savings.

The <u>COVID-19 Crisis Relief Fund</u> is used for those who regularly attend Grace Community Church <u>and our broader local Tucson community</u> who have been impacted the COVID-19 pandemic and are going through serious financial crisis. This help is intended to be temporary in nature and used only as a last resort after obtaining help from family, friends, and personal savings. The Benevolence Team may consider disbursements to those who do not attend Grace Community Church on a regular basis or attend at all, on a case-by-case basis.

Grace Community Church has the right to adjust or to disapprove an applicant's request and may consider providing assistance other than monetary help. All specifics regarding requests are kept strictly confidential to the Benevolence Team in accordance with the Benevolence Fund Policy.

Applicants are not granted financial assistance based on relationships between church leaders or being a significant church contributor. The church does not discriminate between applicants based upon race, color, sex, national origin, age, geographic territory, or disability. The Benevolence Team may provide short-term (or emergency) assistance to ensure that an applicant has the basic necessities such as food, housing, transportation, and medical assistance (including counseling).

Assistance, when granted, is provided only directly to the individual's creditor, with a copy of an attached bill. Based on the decision of the Benevolence Team, the bill may be only partially paid, in which the individual is responsible for the difference. Assistance may also be provided in the form of goods (such as a grocery certificate), a listing of additional local Tucson agencies that provide assistance or other local Tucson services (such as a class, a job or financial coaching, which may be an expectation for receiving benevolence). The type of aid that is appropriate depends on the individual's needs, available resources and the individual's willingness to improve their situation.

The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need, as long as it is designated for the Benevolence Fund / COVID-19 Crisis Relief Fund.

Your request will be reviewed and you will be contacted if more information is needed. A failure to provide requested information or truthful information will forfeit your eligibility for Benevolence Fund / COVID-19 Crisis Relief Funds. Requests are considered and responded to within a week's time. If approved, the payment will be made by Grace Community Church directly to third-party agencies such a utility companies, landlords, etc.



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PERSONAL INFORMATION								
IS YOUR REQUEST DUE TO COVI	D-19 IMPACTS (Loss of jo	b / incon	ne, unable to worl	c / reduced				
income? ☐ Yes ☐ No								
Name:								
Address:								
City / State / Zip Code								
Phone #:								
E-MAIL Address:								
☐ Attend Grace In-Person ☐ A	Attend Grace On-Line		Not Attend Grac	e				
How Long Have You Attended Grace? Last Attended?mm/yy								
Are You Currently Employed?	□Full Time □ Part Tin	ne 🗆	Not Employed					
Monthly Income \$ Monthly Expenses \$								
Have You Received Financial Assistance from Anyone Else? ☐ Yes ☐ No If Yes; How Much Are You Receiving? \$								
NATURE OF REQUEST (Explain your needs and what led you to request for assistance)								
Need Assistance with the following	ng BILL(s)							
BILL / CREDITOR'S NAME		WHA	T IS IT FOR?	AMOUNT				
I Need Assistance to Improve My (Grace Community Church mainta		ources w	ho may also prov	vide assistance)				
☐Budgeting / Debt Elimination	□Food		□Shelter and Housing					
□Domestic Violence (Adult)	☐Medical / Health Care		☐Teen Dating Violence					
□Employment / Job	□Rent / Mortgage		□Utilities					
□Eviction Prevention	☐Seniors and Disability Se		□Women, Infants					
☐ Yes - I am willing to follow-up req☐ No - please don't contact me.	uests to assess how I am im	nproving i	my situation and to	be accountable.				
Submitted By:								
 □ The above information is truthful and accurate. □ My/Our need is related to a short-term financial crisis (medical emergency, loss of job, etc.). □ I have completed the Benevolence Request Form fully and a copy of bill(s) attached. 								



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FOR OFFICE US	E ONLY						
REVIEWED BY (MINIMU		RSONS:					
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APPROVED:		YES		NO			
IF NO EXPLAIN							
IF YES, WHO PROCES	SSED REQU	EST & DAT	Έ				
NAME:						DATE:	
NOTES / SONSIDEDA	TIONO						
NOTES / CONSIDERA	HONS:						