|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | |
| **Name:** | | | | |
| **Address:** | | | | |
| **City / State / Zip Code** | | | | |
| **Phone #:** | | | | |
| **E-MAIL Address:** | | | | |
| **Attend Grace In-Person Attend Grace On-Line  Do Not Attend Grace** | | | | |
| **How Long Have You Attended Grace? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm/yy** | | | | |
| **Are You Currently Employed? Full Time  Part Time  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 BILL(s)** | | | | |
| **BILL / CREDITOR’S NAME** | | **WHAT IS IT FOR?** | | **AMOUNT** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| **I Need Assistance to Improve My Current Situation**  **(Grace Community Church maintains a list of local area resources who may also provide 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 Services | | Women, Infants and Children | |
| Yes - I am willing to follow-up requests to assess how I am improving my situation and to be accountable.  No – please don’t contact me. | | | | |
| **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.** | | | | |

***FOR OFFICE USE ONLY***

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| --- |
| REVIEWED BY (MINIMUM OF 3 PERSONS: |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| APPROVED: |  | YES |  | NO | |
| IF NO EXPLAIN | | | | | |
| IF YES, WHO PROCESSED REQUEST & DATE | | | | | |
| NAME: | | | | | DATE: |
| NOTES / CONSIDERATIONS: | | | | | |