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| **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: |