

# Church of Celebration Benevolence Fund Assistance Request Form

Date of Request: \_\_\_\_\_

Confidential: This information will be reviewed only by the Benevolence Committee and church leadership.

## Section 1: Applicant Information

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_
- Number of People in Household: \_\_\_\_\_ (List ages of children, if applicable: \_\_\_\_\_)

Church Relationship:

- Are you a member of Church of Celebration?  Yes  No (If yes, how long? \_\_\_\_\_)
- Are you a regular attendee?  Yes  No (How often? \_\_\_\_\_)
- How did you hear about our benevolence fund? \_\_\_\_\_

## Section 2: Current Situation

- Describe the emergency or hardship (e.g., job loss, medical issue, eviction notice): \_\_\_\_\_
- Amount Requested: \$ \_\_\_\_\_
- Specific Purpose (e.g., rent, utilities, food, medical): \_\_\_\_\_

(Attach copies of bills, eviction notices, or other proof of need.)

- Have you received assistance from our church's benevolence fund before?  
 Yes  No  
(If yes, when and how much? \_\_\_\_\_)
- Have you sought help from other sources in the last 6-12 months?  Yes  No  
(Check all that apply:  Family/Friends  Other Churches  Government Agencies  Community Organizations)

Details: \_\_\_\_\_

## Section 3: Household Income and Expenses (Monthly)

Total Household Income (wages, benefits, etc.)

Rent/Mortgage

Utilities

Food

Transportation

Medical

Other Debts/Expenses

Total Expenses

(Attach recent pay stubs, bank statements, or benefit letters if possible.)

#### Section 4: Plan for the Future

- If assistance is provided, how will you manage similar expenses next month or avoid this situation in the future?
- Are you willing to participate in financial literacy counseling, budgeting help, or other church resources if offered?  Yes  No

#### Section 5: Certification and Authorization

I certify that the information provided is true and complete to the best of my knowledge. I authorize Church of Celebration to verify this information (e.g., contact landlords, utilities, employers, or references) and release any necessary details for processing this request. I understand that:

- Assistance is not guaranteed and depends on fund availability and committee review.
- No cash will be given directly; payments are made to vendors/providers where possible.
- This is short-term emergency help, not ongoing support.
- Deliberate misrepresentation may result in denial and affect future requests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

For Church Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Decision:  Approved (\$\_\_\_\_\_)  Partial  Denied

Reason/Notes: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

This form promotes transparency, requires verification, and aligns with best practices like direct vendor payments and limits on repeat aid. Many churches add a separate page with guidelines (e.g., “No cash handouts; priority to members; attach proof”).