## Risen Christ Fellowship Benevolence Intake Form

Name:		Date:			
Address/City:					
Phone #s (home / work / cell):					
Email:					
Please describe in detail the circumstances that prompted you to seek help from the church:					
In your opinion which description be	est describes your finan	cial situation?			
Short term emergency					
Short term problem					
Long term need					
Housing Information					
	(Please circle or highlig	ght one below)			
Rent Own Homel	ess 🗆 I	ive w/Family	Live w/Friends		
Other (Explain)					

## **Employment Information**

## **Assistance Requests**

Assistance Items	Amount	Approved (Office Use)
Groceries		
Rent		
Utilities		
Gas (Auto)		
Car Payment		
Other - Cash		
Other		
Other		

## **Monthly Expense Sheet**

(This portion is only for those who checked the "long-term need" box on the first page.)

As thoroughly as you can, please provide a breakdown of your monthly expenses, highlighting any areas where you anticipate needing long-term support.

Monthly Expenses		Savings			
Mortgage/Rent		Emergency Fund			
Gas/Oil		Pension/ IRA/ 401K			
Electric		Other			
Water					
Phone					
Cable/Internet					
Home/Renter Insurance					
Life/Health Insurance					
Groceries					
Personal care products					
Car payments					
Gas/Transportation (i.e. train pass, Uber, etc.)					
Medical Expenses					
Clothing					
Pet needs					
Debts (credit cards, education, loans)					
Do you have any additional comments?					