Benevolence Application

Date: _____/_____/_____

Members and Partners Only

Overview of the Benevolence Process

Our goal is to truly address your situation in a confidential, Christ-like, and comprehensive fashion. We will follow the following process to address your need. All completed applications will be processed within 72 hours of submission of a completed application.

1. Submit a completed application for review (incomplete applications will not be reviewed)
2. Review of this application by the Church (Designee)
3. Response to the applicant by the Church (Designee)

Personal Information

Name: Birth Date: / /

Address: City: Zip:

Phone: (home) (work) (cell)

Email:

Marital Status: O Single O Married O Widowed O Separated O Divorced

Spouse Name: Date of Marriage: / /

Children or other individuals living at your home:

Employment Information

Your Employment Information (attach most recent check stub)

Name of employer: Length of Employment:

Position: Net Monthly Income (after taxes):

Spouse's Employment Information (attach most recent check stub)

Name of employer: Length of Employment:

Position: Net Monthly Income (after taxes):

*Do you or anyone in the household draw SSI, Disability, Food Stamps, or any other type of government or public assistance? If so, please specify type and how much.

Church Membership Information

Are you a member? O yes O no Approximate Date of Membership: /

If not, Name of current church: City: State:

Do you regularly give to Destiny Church? O yes O no

Benevolence Application

Date: _____/_____/_____

Benevolence Information

1. What amount are you requesting from Destiny Church?

2. Have you received any "shut off" notices? What is the creditor name, date of shut off, and phone number?

3. Please list the bills that are past due and how long they are due?

Creditor Amount Due Due Date Past Due (make a chart)

4. What are the current balances in your checking, savings, and retirement accounts?

Checking:_____ Savings:_____ Retirement:_____

5. What family members have you spoken with about your need? What was the outcome?

6. How do you anticipate avoiding a similar situation in the future?

*You must complete the monthly budget worksheet on the following page in order to complete your benevolence application.

destinychurch

Benevolence Application

Date: _____/_____/_____

Monthly Budget Worksheet (make more simple)

Net Monthly Income	
Salaries:	
Interest:	
Dividends:	
Other Income:	
Total Income (add the above lines)	

Expenses	
Giving	
Church Giving:	
Other:_____	
Housing	
Mortgage or Rent:	
Insurance:	
Property Taxes:	
Electricity:	
Heating/Gas:	
Water:	
Garbage Service:	
Telephone:	
Internet:	
Maintenance:	
Cleaning & Supplies:	
Other:_____:	
Food	
Groceries:	
Dine Out:	
Auto	
Car Payments:	
Gas & Oil:	
Insurance:	
Maintenance:	
Other: _____:	
Insurance	
Life:	
Medical:	
Other: _____:	
Debts (except auto & house payments)	
Credit Cards:	
School Loans:	
Clothing	
Clothing Expenses:	

Expenses (cont'd)	
Savings	
Savings Expenses:	
Investments	
Investment Expenses:	
Entertainment	
Babysitters:	
Vacation:	
Pets:	
Other: _____:	
Medical	
Doctor:	
Prescriptions:	
Other: _____:	
Miscellaneous	
Toiletries/Cosmetics:	
Laundry/Cleaning:	
Allowances:	
Subscriptions:	
Birthdays:	
Weddings/Showers:	
Christmas Presents:	
Postage:	
Accounting/Legal:	
Education:	
Other: _____:	
Childcare/Education	
Tuition:	
Day Care:	
Other: _____:	
Total Expenses (add the above lines)	

Total Income: _____

Total Expenses: _____

Surplus or Deficit: _____

Benevolence Application

Date: _____/_____/_____

Benevolence Commitment

I have completed the above information truthfully and to the best of my ability. I also understand that this application is not an actual award of benevolence, but merely the first and most crucial step in the process. I submit myself God and to the counsel and leadership of Destiny Church in the above mentioned matters.

Signature

Date