



Benevolence Request Form

1. We are living in a complex and needy world where need for financial assistance is becoming more and more prevalent. Stallion Springs Community Church (SSCC) annually sets aside a portion of its giving for benevolence assistance and that assistance will be shared in the following manner: members and regular attendees of SSCC will be given first priority and then outside assistance may be given on a case by case basis. Benevolence assistance is for one-time emergencies, and normally will only be given once every 12 months, with the total amount of assistance not exceeding \$300.
2. We are charged with being good stewards (managers) of God's money given to us through the faithful support of the members and attenders of SSCC, and part of that involves the support of those in need of emergency assistance. We are also concerned about your spiritual needs as well as your physical needs. We will not participate in supporting a lifestyle or decision process that is not biblical.
3. Everyone's financial situation changes from time to time, and we are asking that should your financial picture change, and you are able to reimburse SSCC for the amount of assistance provided, that you consider doing so in order for us to continue to help other families in need. You can reimburse us in one full payment, or make monthly payments should your situation change. Thank you.
4. All benevolence checks will be made payable to the debtor in cases of bills (ie. Landlord, electric company, gas or propane company, insurance company, etc.) and only in extremely rare circumstances to the recipient of the financial assistance. Copies of bills to be paid must accompany the request. In case of food requests, we have a food pantry, in which we can provide non-perishable food items.
5. Please fill out each question completely. **Forms will be returned for lack of information.** The application will not be processed without these questions completed in full. *Answer each question carefully, honestly and as informatively as possible.*

Name: _____

Address: _____

Previous Address(es): _____

Phone: _____ Email: _____

Please list all persons in your household (names, ages): _____

Are you married? _____ How long? _____ Do you rent or own your home? _____

Are you currently employed? yes no Employer: _____ Phone: _____

If no, explain _____

Is your spouse employed? yes no Employer: _____ Phone: _____

Previous Employers:

1. Name: _____ Dates: _____ Why left? _____

2. Name: _____ Dates: _____ Why left? _____

3. Name: _____ Dates: _____ Why left? _____

Are you a member of Stallion Springs Church? yes no Regular Attender? yes no

If not, do you attend another Church? yes no If yes, which one? _____

How did you hear about our Church? _____

Please give a brief description of your need (owe money for rent, utilities, medical bills, etc.) and the circumstances which brought you to this need: _____

How much assistance are you seeking? _____ What is the time frame of your need? _____

What is the name and contact information for the debtor? (*landlord, utility company, etc.*)

Name: _____ Phone: _____ Account #: _____

Have you received assistance from another source for this need, or previous need? yes no

List those sources: _____

Sources and amount of income/aid:

Employment _____ Unemployment _____

Welfare _____ Salvation Army _____

Food Stamps _____ Ministries/Churches _____

Individuals _____ Social Security/Disability _____

Other _____ **Total income per week/month \$** _____

What are your living expense needs?

Food per week/month \$ _____ Utilities \$ _____

Rent/Mortgage \$ _____ Transportation \$ _____

Other \$ _____ **Total expenses per week/month \$** _____

Do you have a car or access to transportation? yes no

The above information is true to the best of my knowledge. The church has my permission to check with any of the above sources to use them to determine assistance. I understand that the church receives many requests and is not able to give financial help to everyone who requests it, and is not bound to assist me.

Signature: _____ Date: _____

Office Use Only:

Reviewed by: _____ Date: _____

Action taken: _____

Check #: _____ Payable to: _____ Amount: \$ _____