



Benevolence Information Form

Please complete the form below, and we'll reach out once your request is reviewed. Processing may take at least five business days. Requests received and approved after Tuesday may not be processed for payment until the following Friday. Ensure to provide copies of any bills needing assistance; photocopies are your responsibility. Incomplete forms may delay the review process.

FAMILY INFORMATION:

Please Print

Applicant's Name: _____

Spouse's Name: _____

Household Members

Name	Relationship	Date of Birth

Current Address: _____ City: _____ Zip: _____

Phone number: _____

EMPLOYMENT INFORMATION:

Employer: _____ How Long? _____

Employer Address: _____ Employer Phone No. _____

Spouse's Employer: _____ How Long? _____

If Unemployed, how long? _____

Reason for unemployment? _____

If not unemployed, what has happened to create this need?

- | | | |
|---|-----|----|
| • Are you a member of Real Life Church? | Yes | No |
| • Are you currently tithing? | Yes | No |
| • Have you been helped previously by Real Life Church? | Yes | No |
| • Have you received assistance from any other church, Ministry, or agency during the past 6 months? | Yes | No |

If yes, whom? _____

Amount and/or type of assistance? _____

- In which area of ministry do you volunteer? _____

Home Church if not Real Life: _____ Phone No. _____

BENEVOLENCE EXPENSE FORM

Please list all income and expenses for your household, not just the expenses for which assistance is needed. You must provide a copy of the bill(s) for which assistance is requested.

Type of Monthly Income/Cash Available	Current Monthly Income Amount earned before unemployment	Check here if requesting payment of this bill	Monthly expenses	<i>Expense Amount</i>	Due Date
Applicants' Wages			Mortgage/rent		
Spouse's Wages			Electricity		
Other Household Wages			Gas		
Social Security			Water		
Disability Benefits			Phone Bill		
Retirement Benefits			Internet Bill		
Food Stamps			Cable/Satellite		
Unemployment			Car payment		
Child Support			Gasoline		
Extended Family Support			Auto Insurance		
Any other Income			Health Insurance		
			Groceries		
Total Income			School Expenses		
			Laundry		
Checking Account Balance			Clothing/Shoes		
Savings Account Balance			Medical		
Savings Bonds			Prescriptions		
Investment Account Balance			Child Care		
Available Cash as of Today			Child Support		
			Credit Card 1		
			Credit Card 2		
			Credit Card 3		
			Cigarette/Alcohol		
			Loans (explain)		
			Other Expenses		
			Total Expenses		

FOR OFFICE USE ONLY:

Approved Amount \$ _____

Pay To: _____

Membership Date: _____

Previous Assistance?

Yes No

Enrolled in FPU Course?

Yes No

Completed FPU Course?

Yes No

Approved By: _____

Date: _____