IRONBRIDGE CHURCH

Benevolence Fund Application

Dear Applicant,

It is our privilege to serve you in every way we can. The Benevolence Funds you are requesting are intended for temporary help during a time of crisis. This funding should be seen as a source of last resort, to be used when the applicant has explored all other possibilities of help from family, friends, savings, investments, and/or emotional counseling.

To be considered for funding, please complete the following steps.
Note: Improper accounting of facts and information will lead to disapproval.

1. Gather copies of the following items:
   - ☐ Bills directly connected to your request - digital copies accepted
   - ☐ One month of check stubs to verify monthly income if applicable
   - ☐ Bank statements for the last 60 days

2. Complete the attached Assistance Request Form.

3. Return the form and financial copies to the church office.

This information will then be reviewed by the Benevolence Team for consideration, and you will be contacted for an interview. If your request is accepted, please be aware that **all funds will be distributed directly to the creditor rather than the applicant.**

Assistance Request Form

Recipient Information

Date ____ / ____ / _____

Name _____

Address _____

Phone _____

Email _____

Marital Status _____ Number of Dependants _____

Are you an active member of Ironbridge Church?

☐ Yes ☐ No

Do you give to the church regularly?

☐ Yes ☐ No

Have you received assistance from the church in the past 12 months?

☐ Yes ☐ No

Have all other resources been exhausted? (ex. family, emergency/retirement funds, other assets, government programs)

☐ Yes ☐ No

Date available for counseling _____

If yes, please explain.

_____

_____

_____

Payee Information

Please list the creditor, bill, and amount for which you are requesting assistance.
Check all that apply. ☐Mortgage/Rent ☐Utilities ☐Medical ☐Vehicle ☐Other

Creditor	Bill	Amount	Account Number
(ex.) Wells Fargo	Car payment	$500	123456

Total amount requested: _____

Explanation of Need: (Please explain in detail)

_____

_____

Employment Information

Employer _____

Phone _____ Length of Employment _____

Spouse's Employer _____

Phone _____ Length of Employment _____

If unemployed, please explain.

_____

_____

I, _____, acknowledge to the best of my awareness all information in this application is accurate and true. Upon the decision of the Benevolence Team's recommendation to further correct my financial circumstances, I will follow through on the team's counsel.

Recipient's Signature _____

Date _____

****

OFFICE USE ONLY

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Committee Decision: ____ Approve ____ Disapprove ____ Other

Date _____ Amount Approved: _____

Committee Members:

X _____ Date: _____

X _____ Date: _____

X _____ Date: _____

COUNSELOR NOTES

_____

_____

_____

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_____

_____

Budget Assessment Worksheet: Monthly Income and Expenses

Net Monthly Income	
Salaries	
Interest	
Dividends	
Other Income	
Total Income	

Expenses	
Giving	
Church Giving	
Other	
Housing	
Mortgage or Rent	
Insurance	
Property Taxes	
Electricity	
Heating/Gas	
Water	
Trash Services	
Telephone	
Internet	
Maintenance	
Cleaning & Supplies	
Food	
Groceries	
Dining Out	
Auto	
Car Payments	
Gas	
Insurance	
Maintenance	
Insurance	
Life	
Medical	
Other	

Expenses (cont'd)	
Savings	
Savings Expenses	
Investments	
Investment Expenses	
Entertainment	
Babysitters	
Vacation	
Pets	
Other	
Medical	
Doctor	
Prescriptions	
Other	
Miscellaneous	
Toiletries/Cosmetics	
Beauty/Barber	
Laundry/Cleaning	
Allowances	
Subscriptions	
Birthdays	
Christmas	
Postage	
Accounting/Legal	
Education	
Other	
Childcare/Education	
Tuition	
Daycare	
Other	
Total Expenses	
Surplus or deficit **(Total income - Total Expenses)**	