



## BENEVOLENCE APPLICATION FORM FOR FINANCIAL ASSISTANCE

Date:						
Name:			Age			
Street Address:						
City:			State:		Zip Code:	
Phone:			Email			

### Household/Employment Information:

Do you have a spouse/partner?:	YES	NO
Is he/she employed?:	YES	NO
Number of people in household?:	Adults: <input style="width: 40px;" type="text"/>	Children: <input style="width: 40px;" type="text"/>
Ages of children?:		
Are you employed?:	YES	NO
If yes, How long have you been employed?:		
Who is your employer?:		
How many hours per week do you work?:		
What is your position?:		
If no, What/when was your last job?:		
Have you or do you plan to apply for unemployment or disability, if applicable?		

### All Monthly Household Income:

Source of income (attach supporting documentation if requested)	Monthly Amount
Employment (all work related income)	
Spouse/Partner (if applicable)	
Government Assistance (if applicable)	
Other (please explain, i.e. adult children/child support/alimony)	
Total Monthly Income:	

### Monthly Debt Obligations:

Source of Expenses (attach supporting documentation if requested)	Monthly Payment
Rent/mortgage payment	
Car Payment	
Insurance - Health	
Insurance – Auto/Homeowners/Renter (combined)	
Utilities total (include gas/oil/water/electric/cable/phone)	
Food	
Clothing	
Childcare	
School loans	



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Source of Expenses (attach supporting documentation if requested)	Monthly Payment
Other (please explain)	
Total Monthly Expenses:	

### General Questions:

Are you a member of a church or parish?:		YES	NO
If yes,	Church name:		
	Church phone number:		
	Pastor:		
By whom did you learn of the possibility of assistance from Manoa Community Church?:			
Have you tried obtaining assistance anywhere else?:		YES	NO
If yes,	Where?:		
Have you reached out to any family or friends who could possibly help you?:		YES	NO
If yes,	Provide names/phone numbers:	1.	
		2.	
Have you ever received assistance from Manoa or any other church?:		YES	NO
If yes,	What kind of assistance did you receive?:		
Are you currently a client of or receiving help from any agency or organization?:		YES	NO
If yes,	Which ones?:		
What kind of assistance do you need now?:			
Who may we contact to verify the need, or as a reference?:			
Reference 1 (Name   Phone Number):			
Reference 2 (Name   Phone Number):			
What do you see as the long-term solutions to your difficulty? What can you do to help resolve it?:			
What do you think you will need to do so that you will not be in a similar situation next month?:			
Would you be willing to meet with a financial advisor or attend a financial class at no cost to you?			

By placing your name and date on this application, you are affirming that the above provided information is true and correct. I hereby authorize Manoa Community Church to make inquiries as to my background, references, character, past employment, and criminal history record information, when applicable. Manoa Community Church may use the inquiries to verify information on my application and/or obtain additional information which may be material to my qualifications for benevolence funds.

Name	Date