

# Grace Chapel

## Benevolence Application

Grace Chapel members, regular attendees, and people not associated with Grace Chapel, may apply for financial assistance through our Benevolence Ministry. Member's and regular attendees requests will be given priority for assistance, however, whenever possible the needs of people not associated with Grace Chapel will be carefully considered.

Please fill out the form below and we will contact you after your request has been reviewed. Processing may take at least (5) business days from this date.

Copies of bills for which assistance is needed must be provided; you must provide your own photocopies. *Failure to complete the entire form may delay the review of your request.*

**Please Print**

**FAMILY INFORMATION**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_

Household Members

Name	Relationship	Date of Birth

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home or Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
 Employer Address \_\_\_\_\_ Employer Phone# \_\_\_\_\_  
 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 Grace Chapel? Yes    No
- If not, do you attend another Church? Yes    No
- If yes, which Church? \_\_\_\_\_ Phone # of church \_\_\_\_\_
- Have you been helped previously by Grace Chapel? 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? \_\_\_\_\_

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 or amount earned before unemployed	Monthly Expenses	Expense Amount	Due Date	√ here if requesting payment of this bill
Applicant's Wages		Mortgage/Rent			
Spouse's Wages		Electricity			
Other Members of the Household Wages		Gas			
Social Security		Water			
Disability Benefits		Phone			
Retirement Benefits		Car Payment			
Food Stamps		Cell Phone			
Unemployment		Gasoline			
Child Support		Auto Insurance			
Extended Family Support		Home Insurance			
Any Other Income		Health Insurance			
		Groceries			
<b>Total Income</b>		School Expense			
		Laundry			
Checking Account Balance		Clothing/Shoes			
Savings Account Balance		Medical			
Savings Bonds		Prescriptions			
Investment Account Balance		Cable/Satellite			
Retirement Account Balance		Child Care			
<b>Available Cash as of Today</b>		Child Support			
		Credit Card 1			
		Credit Card 2			
		Credit Card 3			
		Cigarette/Alcohol			
		Loans(explain)			
		Other Expenses			
		<b>Total Expenses</b>			

**FOR OFFICE USE ONLY:**

Approved Amount \$ \_\_\_\_\_ Pay To: \_\_\_\_\_ Date \_\_\_\_\_

Previous Assistance? Yes No

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_