



The Joshua House Church

BENEVOLENCE REQUEST FORM

Benevolence Process Guidelines

The purpose of the Benevolence Fund is to provide short-term assistance in an emergency or hardship. A benevolence request will not be authorized without a truthfully completed and signed Benevolence Request Form. Completing the Benevolence Request Form does not guarantee assistance. A request will be denied if there is any deliberate misrepresentation of information on the Request Form. The requestor may be asked to show a government-issued photo ID. Completed requests will be reviewed and verified by the "We Care Committee". A response will be given within 7-10 days. If a request is approved, any additional requests will not be considered for at least 6 months. (Exceptions may be made in an extreme crisis situation and at the Committee's discretion).

Name: _____ Date: _____
Address: _____
Phone# (Home): _____ (Cell) _____ (Work) _____

1. How did you hear about The Joshua House Church? _____

2. Do you have a personal relationship with Jesus Christ?

- Yes
- No
- Not Sure

3. Do you attend The Joshua House Church?

- No
- Yes

If not, do you have a church home?

- No
- Yes

Where? _____

4. Which best describes your attendance at church?

- Weekly
- Monthly
- Once or twice a year
- Never

5. In your opinion, which description best describes your financial situation?

- Short-term emergency
- Short-term problem
- Long-term problem

6. The total amount of your request is _____



7. What is the request for? _____

8. Are you willing to receive financial counseling if needed?

- Yes
- No

9. Are you currently employed?

- Yes
- full-time
- part-time
- No

Name of Employer(s) _____

10. If married, is your spouse employed?

- Yes
- full-time
- part-time
- No

Name of Employer(s) _____

11. Is anyone in your household unemployed due to disability?

- Yes
- No

If so, are they receiving disability benefits?

- Yes
- No

12. List all individuals (including yourself) sharing your household:

Name	Age	Grade	School	Relationship	Monthly Income

13. Are you receiving assistance from any other source?

- Yes
- No

Please list: _____



14. What other financial obligations do you have?

Bill:	Amount:
Telephone	
Cell phone	
Car payment	
Credit Card Debt	
Internet	
Satellite/Cable	
Medical	

List any others _____

15. Briefly, explain your needs and what led you to request assistance. We will be praying for you and providing counsel where needed. _____

***If REQUESTING HELP WITH UTILITIES, please attach a copy of the statement.**

***If REQUESTING HELP WITH RENT...**

Landlord's Name _____ Phone _____

Address _____

Total Amt Due \$ _____ Amt Required \$ _____ Date Due _____

***If REQUESTING OTHER HELP, please attach a copy of appropriate documentation. I certify that the information I have provided is true and correct and that all income is reported. I have read and understand the Benevolence Process Guidelines.**

Signature _____ DATE _____

If married, signature of spouse _____ DATE _____