
Benevolence Request Application

To assist those in need

A Ministry of the Board of Stewards





VICTORY TEMPLE
CHRISTIAN LIFE CENTER
Benevolence Request Application

Please fill out the form below and we will contact you after your request has been reviewed. Processing may take at least five (5) business days from the date received, however food requests will be processed in (24) hours if possible. Please provide copies of bills for which assistance is needed. Failure to complete the entire form may delay the review of your request. If this is your first (1)st request for assistance or if it is a food request then you are only required to complete this page.

Privacy Statement

Assistance is given regardless of race, gender, national or ethnic origin or age. Your privacy is very important to us and all services will be kept Confidential. If you elect to provide us information about yourself, you may be disclosing certain personal and/or proprietary information, including your name, address, phone number, etc. Disclosure of your Social Security Number is optional. We will not rent, sell, or disclose your information in any manner we deem inappropriate. If you choose to provide such information, you agree that the information may be used by Victory Temple Christian Life Center, Inc. in such manner as it, in its sole judgment, deems necessary.

Today's Date _____ Amount Requested \$ _____

Please Print

FAMILY INFORMATION

Applicant's Name _____ SS Number _____

Spouse's Name _____ SS Number _____

Household Members

| Name | Relationship | SS# | Date of Birth |
|------|--------------|-----|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Current Address _____ City _____ Zip _____

Email Address _____

Home Phone _____ Work/Cell Phone _____

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? _____

Applicant's Signature _____

- Are you a member of Victory Temple? Yes No
- Are you currently tithing at Victory Temple? Yes No

- Have you been helped previously by Victory Temple? Yes No
 - If Yes, When? _____
 - 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 Victory Temple _____ Phone _____

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 | Current Monthly Income Amount or amount earned before unemployed | √ here if requesting payment of this bill | Monthly Expenses | Expense Amount | Due Date |
|--------------------------------------|------------------------------------------------------------------|-------------------------------------------|-----------------------|----------------|----------|
| | | | | | |
| 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 | | |
| | | | School Expense | | |
| | | | Laundry | | |
| | | | Clothing/Shoes | | |
| | | | Medical | | |
| | | | Prescriptions | | |
| | | | Cable/Satellite | | |
| | | | Child Care | | |
| | | | Child Support | | |
| | | | Credit Card 1 | | |
| | | | Credit Card 2 | | |
| | | | Credit Card 3 | | |
| | | | Cigarette/Alcohol | | |
| | | | Loans(explain) | | |
| | | | Other Expenses | | |
| Total Income | | | Total Expenses | | |

TO BE COMPLETED BY STEWARD/TREASURER ONLY

Request denied _____ Reason: _____

Request granted _____ Check Issue Date _____

Check # _____ Payee _____ Amt. Of Check _____

Check # _____ Payee _____ Amt. of Check _____

Check # _____ Payee _____ Amt of Check _____

FOR OFFICE USE ONLY:

Total Approved Amount \$ _____ Check Request # _____

Approved By: _____ Date: _____

Pastor Freeman: _____ Date: _____