



## Stone Creek Church Benevolence Request Form

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. Any request received and approved after Tuesday may not be processed for payment until Friday of the following week. 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.

### FAMILY INFORMATION

Please Print

**Applicant's Name** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

Household Members

Name	Relationship	Date of Birth

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work 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? \_\_\_\_\_

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Are you a Covenant Partner of Stone Creek Church ? Yes No  
 Are you currently tithing at Stone Creek Church? Yes No  
 Have you been helped previously by Stone Creek Church? 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? \_\_\_\_\_

Home church, if not Stone Creek Church \_\_\_\_\_

Please give a brief summary of your need.

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What are the circumstances that have resulted in your need for assistance at this time? (Please be specific)

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	mark here if requesting payment of this bill	Monthly Expenses	Expens	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		
Total Income			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>		

#### Statement of Agreement

I (we) have read and understand the policy of Stone Creek Church Benevolence Fund. I (we) am (are) willing to accept financial aid as a gift, and understand that repayment is not necessary or expected. I (we) also am (are) willing to accept the recommendations of the committee to enter counseling (financial or

emotional), if it is necessary. I (we) understand that the committee will contact my personal references, any person listed on this application, and may verify any information as part of determining whether or not Third Avenue Church will meet my (our) need. I (we) also agree to allow Third Avenue Church benevolence committee to obtain a copy of my credit report at their sole discretion.

I (we) understand that Stone Creek Church Benevolence Ministry staff and/or volunteers will attempt to assist me (us) in developing a plan, and that they do not make any representations or warranties with respect to the results of their services and/or referrals or their ability to help me (us) with my (our) credit/financial/emotional needs.

I (we) further agree to indemnify and hold harmless all staff and/or volunteers of Stone Creek Church, and its employees, agents, counselors, consultants, officers, and directors from any claim, suit, action, demand, or liability of any kind and any nature arising out of or in any manner connected with my (our) participation in these services.

I (we) hereby certify that the answers and other information on this application are true and correct and that I (we) understand any misrepresentation or omission of facts on my (our) part will disqualify me (us) from this ministry's service.

Applicant:

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signature

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date

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please print name

Spouse: (if married, spouse's signature is required)

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Spouse's signature

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date

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please print name

**FOR OFFICE USE ONLY:**

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

Membership Date \_\_\_\_\_

Previous Assistance? Yes No

Enrolled in Budgeting Course? Yes No

Completed Budgeting Course? Yes No

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

**Comments**