



Ignite Church Benevolence Application Form

Confidential

Date of Request: _____

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Number of Dependents: _____

Are you a member or regular attendee of Ignite Church? ☐ Yes ☐ No

- If yes, how long have you attended? _____

1. Nature of Assistance Request

(Please check all that apply)

☐ Rent/Mortgage Assistance

☐ Utility Bill Assistance (Electric, Water, Gas)

☐ Food Assistance

☐ Medical Expenses

☐ Other (Please Specify): _____

2. Explanation of Need

(Provide a brief description of your situation and why you are requesting assistance.)

3. Financial Information

- **Current Employer:** _____
- **Monthly Income:** \$ _____
- **Other Sources of Income (Social Security, Child Support, etc.):** \$ _____
- **Total Monthly Expenses:** \$ _____



Have you received benevolence assistance from Ignite Church before? ☐ Yes ☐ No

- If yes, when and how much? _____

Have you sought assistance from other organizations? ☐ Yes ☐ No

- If yes, please list: _____

4. Documentation Required

(Please attach the following where applicable)

- ☐ Copy of bill, lease, or invoice requiring payment
- ☐ Proof of income (pay stub, bank statement, etc.)
- ☐ Any other supporting documents

5. Spiritual & Practical Follow-Up

Would you be open to financial counseling or spiritual guidance from Ignite Church leadership?

☐ Yes ☐ No

6. Agreement & Signature

I understand that the Ignite Church Benevolence Fund exists to provide temporary assistance for those in need and is not a source of ongoing financial support. I affirm that the information provided is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in my request being denied.

Signature: _____

Date: _____

Please return to an Elder