



St. Paul's Baptist Church
Deacon's Benevolence Fund Ministry
119 Elm Street
Montclair, New Jersey 07042
Hotline/Fax: 862 229 0024
benevolence@stpaullive.org
www.stpaullive.org

BENEVOLENCE FUND APPLICATION CHECKLIST

Submission of your application. SPBC Deacon's Benevolence Fund will need the following documents for consideration of the requested need.

1. **Fully Completed Application must be submitted within 7 to 10 Business Days.**
2. **Requested amount and specific area of needed support.**
3. **Verifiable Employment Details.**
4. **Provide all income revenue sources (Including, alimony, retirement, social security via last three payroll stubs, last three payroll statements etc.)**
5. **Provide Lease Agreement /Mortgage Statements; if support is need in this area.**
6. **Church Member of SPBC Member: Proof of Membership in Good Standing/Ministry.**
7. **Non-Church Member of SBPC/Church Name, Address and Ministry.**
8. **Non-Church Members of SBPC must provide an eviction notice if assistance is needed for housing.**
9. **Applicant Contact Information & Photo ID: Name, Address, Phone and Email Address.**
10. **Provide Utilities Statement(s); if support is needed in this area.**
11. **Provide Medical Support Information; if support is needed in this area.**
12. **Provide three (3) pieces of documented proof of acceptance or rejection of support programs sought for assistance.**
13. **Checking, Savings, Family Support or other support or accounts.**

Ensure all general information questions are answered appropriately and know all information provided is subject to verification via phone, email, direct mail, fax or any form of communication.

Included *all pertinent* revenue sources

Send completed documentation to The SPBC Deacon's Benevolence Fund Ministry Email

benevolence@stpaullive.org or Fax to 862 229 0024

Signature: _____

Date: _____



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SPBC DEACON'S BENEVOLENCE FUND MINISTRY GUIDELINES

MISSION:

Benevolence through Love to equip and support the St. Paul Baptist Church Family and Community in our shared mission to empower members and minister to neighbors in need.

PURPOSE:

The purpose of the SPBC Deacon's Benevolence is to provide financial aid to an individual who is in need on an urgent basis. The church has the right to adjust or to disapprove an applicant's request and may consider aiding other than monetary help.

Applicants are not granted financial assistance based on relationships between church leaders or being a significant church contributor. The church does not discriminate between applicants based upon race, color, sex, national origin, age, geographic territory, or disability. The Deacon's Benevolence Fund may provide short term (or emergency) assistance to ensure that an applicant has the necessities such as food, housing, utilities, clothing necessities and medical prescription support (inclusive of financial counseling).

The preferred method of aiding the applicant's need directly will be allocated to the housing, utilities and medical prescription provider.

1. The SPBC Deacon's Benevolence Fund is intended to be a source for last resort. All other resources are required to be exhausted (i.e. family, savings, investments and verified denial proof from three (3) agency resources).
2. SPBC Deacon's Benevolence Fund are not eligible to support the follow:
 - A. SPBC Employees.
 - B. SPBC Pastor, Ministers, Church Leadership and Officers.
 - C. SPBC Contractors and Subcontractors.
 - D. SPBC Deacon's Committee and anyone with beneficial or direct family member relationship.
 - E. Business investments, rents, creation or debts.
 - F. Credit Cards or Loan Payments.
 - G. Bail, court costs, fines or local, state or any governmental related violations.
 - H. Housing or needs of unmarried relationships.
 - I. Legal Fees arising from criminal behavior.



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- J. Gambling, lottery or betting debts.
- K. School tuition or fees at any educational level.
- L. Vehicle payments, car loans, insurance payments, security deposits, funeral, burial, cremation or memorial service expenses.

3. SPBC Deacon's Benevolence Fund will not make disbursements as a loan.
4. SPBC Deacon's Benevolence Fund will make disbursements related to housing, utilities, medical prescription support will be made directly to the third party. Allocations in the mentioned areas will not be delivered to applicant(s) or receive cash.
5. SPBC Deacon's Benevolence Fund Cap will be \$4,000.00 for members. Support will be limited to stated amount and will not be eligible for support for three (3) years when funds are exhausted.
6. SPBC Deacon's Benevolence Fund Cap will be \$1,500.00 for Non-Members. Support will be limited to stated amount and will not be eligible for support for three (3) years when funds are exhausted.
7. SPBC Deacon's Benevolence Fund Final Approvals/Denials/Additional Information are solely within the SPBC Deacon's Benevolence Fund Committee
8. SPBC Deacon's Benevolence Fund Guidelines are developed in compliance with the support from the following resources:
 - A. <https://www.irs.gov/publications/p557>
 - B. <https://www.irs.gov/pub/irs-pdf/p1828.pdf>
 - C. <https://www.irs.gov/pub/irs-tege/eotopic02.pdf>
 - D. <https://www.irs.gov/pub/irs-pdf/p3833.pdf>

DISCLAIMER:

SPBC Congregation, SPBC Pastor, Ministers, Church Leadership, Officers, Authorized Agents, Employees and the SPBC Deacon's Benevolence Fund Ministry are released, forever discharged and held harmless from all liability claims or demands for personal injury, sickness or demise, as well as property damage and expenses, of any nature whatsoever which may be incurred while the applicant's request is being reviewed, approved and/or denied. Furthermore, applicant hereby agrees to hold harmless and indemnification of SPBC Congregation, SPBC Pastor, Ministers, Church Leadership, Officers, Authorized Agents, Employees and the SPBC Deacon's Benevolence Fund Ministry for any financial liabilities sustained by said acts of the St. Paul Baptist Church Parties.



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SPBC DEACON'S BENEVOLENCE FUND APPLICATION (Rev. 02/02/2023)

Name: _____ Date: _____ Time: _____

Date of Birth: _____ Head of Household/Primary Provider: (Y/N): _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number (SSN#): _____ Spouse's SSN#: _____

Rent: \$ _____ Owner: _____ Other: _____

Phone Number: _____ Email Address: _____

Employer Company Name: _____

Employer Address: _____

Employer City: _____

Employer State: _____ Employer Zip Code: _____

Employer Contact Name: _____

Employer Contact Phone #: _____ Employer Contact Fax #: _____

Employer Contact Email Address: _____

SPBC Member: Yes: _____ No: _____

If Yes, Envelope Number: _____ How Long Have You Been a Member: _____

If No, What Church Are You a Member Of: _____

Name of Church's Pastor: _____

Address of Church: _____

City: _____ State: _____ Zip: _____

Church Phone Number: _____ Church Fax Number: _____

Have You Requested Benevolence From Your Church? Yes: _____ No: _____

If Yes, Last Date You Requested Benevolence From Your Church? _____

Reason For Benevolence: _____

Amount You Received? \$ _____

Have You Requested Benevolence Assistance Before? Yes: _____ No: _____

If Yes, Date You Last Requested Benevolence Assistance? _____

Reason for Benevolence: _____

Did you Receive Assistance? Yes: _____ No: _____ If Yes, Amount: \$ _____

If No, Why Were You Denied Assistance? _____

Do You Know Anyone Who Has Received Assistance From St. Paul? Yes: _____ No: _____

Name(s): _____

Needs: Food: _____ Rent/Mortgage: _____ Utilities: _____

Medical Emergency: _____ Other: _____

Please Explain Reasons For Aid:

Deadline: _____ Amount of Aid Needed: \$ _____

Your Signature: _____ Date: _____

By signing this application, I certify that all information provided in this application and all accompanying documentation is truthful, authentic, accurate and valid. I agree to the Policy, Procedures and Guidelines of the SPBC Deacon's Benevolent Fund. I understand that if confidentiality is breached in any way on my part or any information provided is found fraudulent, this application is invalid and the process will be terminated. I grant the SPBC Deacon's Benevolent Committee permission to follow up on any information on this application or additional documentation/information I have provided them.

I have read and understand the certification box.

_____ Initials