

BENEVOLENCE REQUEST FORM



Name: _____ Date of Request _____

Address: _____ City/State/Zip _____

Phone (Land Line): _____ Phone: (Cell) _____

Date of Birth: _____ Marital Status: _____

Spouse's Name: _____ Age: _____ Child's Name: _____ Age: _____

Child's Name: _____ Age: _____ Child's Name: _____ Age: _____

Child's Name: _____ Age: _____ Child's Name: _____ Age: _____

Attended Victory since: _____ How often do you attend? _____

Are you faithful in tithing? _____ Area(s) of ministry involvement _____

Primary Residence information: Rent Own Living w/friend or relative Homeless/Shelter/Motel

Present Occupation: _____ Employer: _____

Employer address: _____ City/State/Zip _____

Beginning date of present employment: _____ Supervisor's name: _____

Spouse Occupation: _____ Employer: _____

Beginning date of present employment: _____ Supervisor's name: _____

Requestors Take-home pay \$ _____ Weekly Bi-weekly Twice-monthly Monthly

Spouse's Take-home pay \$ _____ Weekly Bi-weekly Twice-monthly Monthly

Food Stamps Income \$ _____ Weekly Bi-weekly Twice-monthly Monthly

SSI/Disability Income \$ _____ Weekly Bi-weekly Twice-monthly Monthly

Social Security Income \$ _____ Weekly Bi-weekly Twice-monthly Monthly

Child Support Income \$ _____ Weekly Bi-weekly Twice-monthly Monthly

Other Income \$ _____ Weekly Bi-weekly Twice-monthly Monthly

Amount of assistance requested \$ _____ Describe need: _____

List places gone for help: _____

What will you do if church is unable to assist? _____

<p>FOR OFFICE USE ONLY ATT _____ CON _____ AMT _____</p> <p>ACTION _____</p> <p>ADMIN APPROVAL _____</p>
