



Dear **Victory Church Family Member:**

Greetings in Jesus' Name,

Please read this letter carefully and fill out the attached forms completely.

It is Victory Church's desire to assist our church family and meet their needs in whatever way possible, and we consider it our privilege to help during times of crisis. We regret that you are in difficult circumstances and will take this opportunity to pray and seek God for a solution to this complicated season you are facing.

We take seriously our responsibilities as your home church to counsel, encourage and help where needed. We also feel a strong desire to please God in the way we use the resources He has entrusted to us. For these reasons, we try to fully investigate why the money is needed, what resources are available, and the manner in which the money will be used if assistance is rendered.

Following are the basic guidelines that are required to receive benevolence assistance from Victory Church:

- **The person or family in need must attend and support Victory Church on a regular basis. Three month lookback minimum.**
- **For those who do not attend,** we support many of the para-church ministries and allow them to evaluate and disburse funds as they see fit. A list is located at the front desk.
- The need must be a temporary emergency, due to circumstances beyond your control.
- We require written documentation of need and/or copies of notices/bills in support of any financial requests.
- Ongoing need and assistance may require financial counseling, which can be arranged through my office.

Please initial that you have read this letter _____.

In Christ's Love,

A handwritten signature in black ink, appearing to read "Randy Brock", with a horizontal line drawn underneath it.

Randy Brock
Lead Care Pastor
(863) 859-6000 x232

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? _____

FOR OFFICE USE ONLY ATT _____ CON _____ AMT _____
ACTION _____
ADMIN APPROVAL _____



Monthly Family Budget

Income #1: Type _____ Amount per month _____

Income #2: Type _____ Amount per month _____

Income #3: Type _____ Amount per month _____

Income #4: Type _____ Amount per month _____

TOTAL MONTHLY INCOME _____

Housing Expenses

Rent/Mortgage _____

Electric _____

Cable/Int/Ph _____

Housing other _____

Housing other _____

Food & Supplies

Food _____

Supplies _____

Automotive Exp.

Car Payment _____

Fuel _____

Insurance _____

Medical Exp.

Ins Premiums _____

Copays _____

Pharmacy _____

Medical Debt. _____

Consumer Debt

Credit Cards _____ (monthly minimum) Balance _____

Other _____ (List more on separate sheet)

Charitable Giving _____

School/Childcare _____

Clothing _____

Miscellaneous

Cell Phone _____ Personal items _____

Other _____

TOTAL MONTHLY EXPENSES _____

NET GAIN (LOSS) _____