



Benevolence Request Packet

Dear **VICTORY CHURCH FAMILY MEMBER:**

Greetings in Jesus' Name.

Please read this packet carefully and fill out the forms completely.

Victory Church desires to assist our **church family** to help meet their needs in whatever way possible 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 have a strong conviction to please God in the way we use the resources He has entrusted to us. For these reasons, we fully investigate why the money is needed, what resources are available through local agencies we support, and the manner in which the money will be used if assistance is rendered.

Following are the basic guidelines required for benevolence assistance from Victory Church:

- **The person and family in need must attend and financially support (tithes/offerings) Victory Church on a regular basis with a 3-month lookback minimum.**
 - Have you regularly attended Victory Church in person for the last 3 months? _____
 - Have you financially supported Victory Church over the last 3 months? _____
 - 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 for which we can make arrangements.
- **For those who are not regular attenders, Victory Church heavily supports many local para-church organizations, ministries, social service agencies, and allow them to evaluate and disburse the funds we give them as they see fit.** A list is available at the front desk.

Please initial that you have fully read and understand this letter. _____

In Christ's Love,

Glenn Procopio
Victory Church Lead Care Pastor
863-859-6000, ext. 265

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 ☐ MonthlySpouse's Take-home pay \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Twice-monthly ☐ MonthlyFood Stamps Income \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Twice-monthly ☐ MonthlySSI/Disability Income \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Twice-monthly ☐ MonthlySocial Security Income \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Twice-monthly ☐ MonthlyChild Support Income \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Twice-monthly ☐ MonthlyOther 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) _____