



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 that reads "Glenn Procopio". The signature is written in a cursive style.

Glenn Procopio  
Lead Care Pastor  
(863) 859-6000 x265

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) \_\_\_\_\_