

CALVARY CHAPEL of Fredericksburg

Benevolence Ministry Guidelines

Please read the guidelines listed below, if you meet the **guidelines, sign your name indicating you have read and understand these guidelines.** Thank you.

- The primary objective of the Benevolence Ministry is to assist with the basic needs of food and shelter.
- Requests for Benevolence aid of \$300 or more require pastoral review, which may take up to 14 days.
- No Benevolence assistance is ever administered to relieve the consequence of sin. (Luke 15:16-17)
- All Benevolence is given to assist the recipient to help him/her work through the problem. Benevolence is not intended to bail someone out of their situation. Those seeking Benevolence assistance must also put forth an effort to resolve their situation. (Leviticus 19:9-10)
- All Benevolence checks will be made payable to the debtor only, never to the recipient of the financial aid (i.e., FP&L, Landlord).
- The Benevolence Ministry at Calvary Chapel is in place for the purpose of furthering the Kingdom of God. Galatians 2:10 tells us to help the needy. 1 Timothy 5 tells us that we must discern who is really needy. 2 Thessalonians 3:10 says, "If anyone will not work, neither shall he eat."
- Calvary Chapel will assist people in need only in obedience to the Lord's will and will not be influenced by the urgency of circumstances.
- All follow-up is the responsibility of the person submitting the request.
- Every case is confidential. Violating confidentiality may result in disqualification of any request submitted either currently or in the future.
- Please complete this form honestly. Any violation of honesty may disqualify the request!!

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

BENEVOLENCE MINISTRY

Date: _____

Personal Information Form**PLEASE FILL OUT FORM COMPLETELY**

Name: _____ Social Security#: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip Code: _____

Phone (H) _____ (W) _____ (C) _____ (B): _____

FAMILY INFORMATION: (CIRCLE ONE)

Single

Married

Separated

Divorced

Widow(er)

Spouse's Name: _____ Social Security: _____ Age: _____ Sex: _____

Number of children living with you: _____ Ages of children: _____

Anyone else living with you (Name/Age/Sex): _____

HOUSING INFORMATION: (CIRCLE ONE)

Rent

Own

Live With Family

Live With Friends

EMPLOYMENT INFORMATION:

Are You Currently Employed: _____ If YES, Where: _____ How Long? _____

Work Address: _____

Work Contact Person: _____

If NO, How Long Have You Been Unemployed: _____

Were You Unemployed Before You Acquired Your Present Position? _____ If YES, How Long? _____

Is Your Spouse Employed? _____ If YES, Where? _____ How Long? _____

If NO, How Long Has He/She Been Unemployed? _____

Please describe in detail the **circumstances** that prompted you to seek help from the church: _____

What is Your Request of the Church? _____

What steps have you taken to resolve your current need before coming to the church? _____

SPIRITUAL INFORMATION:

Do YOU believe in God: Yes, I Do _____ No, I Don't _____ Uncertain _____

Do YOU pray to God: Regularly _____ Occasionally _____ Never _____

Do YOU read the Bible: Regularly _____ Occasionally _____ Never _____

Is Calvary Chapel YOUR home church: Yes _____ No _____ How Long? _____

If NO, what is your home church: _____ Location: _____

Pastor: _____ Phone: _____

How many times per month do you attend church? _____ When? _____

Have YOU received Jesus Christ as Savior? Yes _____ No _____ Uncertain _____ If YES, Please describe your testimony, when and how you came to know Christ as your personal Savior on the back of this form or a separate sheet of paper.

Do you know a pastor, counselor, deacon, elder, or somebody else at Calvary Chapel? Please list _____

HEALTH INFORMATION:

Rate your health: Very Good _____ Good _____ Average _____ Poor _____

Please list any significant illnesses, injuries, or handicaps that prevent you from working: _____

PERSONAL ASSISTANCE:

Do you receive Government assistance: Yes _____ No _____ If Yes, please list source and amount:

Social Security: \$ _____ AFDC: \$ _____ Food Stamps: \$ _____

Unemployment Compensation: \$ _____ WIC: \$ _____

Workman's Compensation: \$ _____ SSI: \$ _____

What churches/agencies have you contacted for assistance in the past? _____

What type of assistance did you receive? _____

Have you been helped by our Benevolence Ministry before? _____ When? _____ What Help? _____

Have you been counseled by anyone at Calvary Chapel: _____ By Whom? _____

When? _____ Why were you counseled? _____

INCOME AND EXPENSES:

Your Monthly Income (all sources)

Employment	
Job 1 (take home pay)	\$ _____
Job 2	_____
Spouse	
Job 1 (take home pay)	_____
Job 2	_____
Child Support	_____
Other _____	_____
TOTAL MONTHLY INCOME	\$ _____

Your Monthly Expenses:

Rent	\$ _____	Telephone	\$ _____
Mortgage	_____	Cable TV	_____
Taxes	_____	Day Care	_____
Car Payment	_____	Child Support	_____
Auto Insurance	_____	Furniture/Appliances	_____
Health Insurance	_____	Credit Cards	_____
Life Insurance	_____	School Loans	_____
Electric	_____	Bank Loans	_____
Gas	_____	Finance Co. Loans	_____
Water	_____	Health Club	_____
Food	_____	Miscellaneous	_____
Cell Phone	_____	Other (Name)	_____
Internet Service	_____		

TOTAL MONTHLY EXPENSES: \$ _____

What I Owe:

Mortgage (balance)	\$ _____	IRS Debt	\$ _____
Home Equity Loan	_____	Bank Loan	_____
Taxes	_____	Finance Co.	_____
Insurance	_____	Furniture/Appliances	_____
Master Card/Visa	_____	Car Loan	_____
Dept. Stores	_____	School Loans	_____
Gas Card	_____	Other	_____
Other Credit Cards	_____		
		TOTAL DEBT	\$ _____

What I Own:

Checking Accounts .	\$ _____	Car (Yr ____ Make ____)	\$ _____
Savings Accounts	_____	Car (Yr ____ Make ____)	_____
Insurance (cash value)	_____	Money Market Funds	_____
Home (market value)	_____	Certificates of Deposit	_____
Other Property (market)	_____	IRA/Retirement Funds	_____
Mutual Funds/Stock/Bonds	_____	Other _____	_____
		TOTAL ASSETS	\$ _____

If you are requesting a bill payment please supply the following information and attach copy of bill:

Company Name: _____

Phone: _____

Contact Person: _____

Address: _____

City: _____ State: _____

Zip: _____

Account Number: _____

Amount Due: \$ _____

Company Name: _____

Phone: _____

Contact Person: _____

Address: _____

City: _____ State: _____

Zip: _____

Account Number: _____

Amount Due: \$ _____

I have truthfully answered all questions on this form (PLEASE SIGN)

Your Signature

Date

PLEASE ATTACH
COPY OF YOUR DRIVERS
LICNECE TO THIS FORM

(This application will not be
processed without a copy
of your drivers licnese)

Do not write below this line - Office Use Only

Date: _____

Check # _____

Payee: _____

Amount:\$ _____

Comments: _____

Date: _____

Check # _____

Payee: _____

Amount:\$ _____

Date: _____

Check # _____

Payee: _____

Amount:\$ _____

Date: _____

Check # _____

Payee: _____

Amount:\$ _____

ASSISTANCE DENIED _____

REASON: _____

Date: _____

Check # _____

Payee: _____

Amount:\$ _____

Date: _____

Check # _____

Payee: _____

Amount:\$ _____

INTERVIEWED BY: _____