

## Christian Assembly Benevolence Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
*(first and last name)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Member of Christian Assembly:  Yes  No

Christian believer:  Yes  No

Church attendance:  Weekly  1/mo  2/yr  Never Where? \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widow

Number of Children (under 18yo) \_\_\_\_\_ Ages \_\_\_\_\_

Employed:  Yes  No

Seeking employment:  Yes  No If Not Explain: \_\_\_\_\_

Monthly income \_\_\_\_\_ Monthly expenses \_\_\_\_\_

Other assistance:  DSS  SSI / SSDI  WIC  Food Stamps (SNAP)

Assistance from other churches \_\_\_\_\_ Assistance other \_\_\_\_\_

How did you hear about Christian Assembly's Benevolence ministry? \_\_\_\_\_

Nature of Assistance Requested: \_\_\_\_\_

If applicable, have you tried to work the issue out with company owed?  Yes  No

When did you call? \_\_\_\_\_ Comments: \_\_\_\_\_

Amount of funds requested \_\_\_\_\_

Will the funds be used to pay off judgments or consumer loans? Explain: \_\_\_\_\_

By signing below you attest that all information above is true to the best of your knowledge. Additionally you understand that no cash will be give directly to applicant. Finally if the application is approved we may request sensitive information relating to outstanding debt.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

*(Decisions can be expected to take 7-10 days for routine requests)*

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(Benevolence Team Only)

**Recommendation of Benevolence Team**

Benevolence Team Members involved in assessment:

#1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_ #4 \_\_\_\_\_

**Request Approved**

	Assistance Now	Assistance Life to Date
Benevolence Fund		
Special Offering*		
Specific Fund*		
Total		

*\*for CA member use only (indicate name of fund below)*

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check made out to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Request Denied**

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_