**Frontline Community Church** 

**Benevolence Request Form**

This form must be filled out completely for all financial requests.

**We are unable to process Incomplete forms**

**Today’s Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Process Date (office use only): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of Social Security #: \_\_ \_\_ \_\_ \_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

If married, please list spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Of Children at Home: \_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently attend Frontline Church? \_\_\_ yes \_\_\_ no

Attendance: \_\_\_1 Sunday/month \_\_ 2 Sundays/month \_\_\_3 Sundays/month \_\_\_Every week

Month and year, you started attending Frontline? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a part of a small group? \_\_\_ yes \_\_\_ no

If yes, please list your group leader’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Information**

Are you presently employed? \_\_\_Yes\_\_\_\_ No

If yes, what is the name of your current employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Full-time\_\_\_\_ Part-time \_\_\_\_\_\_Self-employed. How many hours do you work per week? \_\_\_\_\_\_

If no, \_\_\_\_ Unemployment\_\_\_\_ Retired\_\_\_\_\_ Disability

How long have you been unemployed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of most recent employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long did you work there? \_\_\_\_\_\_\_\_\_\_\_When did you leave the company? \_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide two personal Frontline Church references for us to contact:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Years known** |
|  |  |  |
|  |  |  |

What circumstances brought this need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What is your plan for the future to prevent this situation from re-occurring? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Financial Information**

**Original paperwork (not copies) must be presented that show proof of need. Copies will be made in the church office and attached to this application.**

**Current Monthly Income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please include all child support or other government assistance. Be sure to include income from ALL parties living in your home)

Have you requested or received assistance from Frontline Church before? \_\_\_\_ Yes \_\_\_\_ No

If “Yes,” when did you make the request? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Amount received? $\_\_\_\_\_\_\_\_\_\_\_

Types of assistance you are requesting? \_\_\_\_ Rent\_\_\_\_\_\_ Utilities’\_\_\_\_ Car \_\_\_\_\_Other

If you are requesting a bill payment, please supply the following information and attach a copy of the billing statements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** | **Amount** | **Description of Need** | **Due Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total amount of assistance requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for the opportunity to serve you. Please be aware that Frontline Church receives many requests and is not able to give assistance to all who request it. We ask that if you do receive assistance, the amount provided to you by Frontline Church be kept in confidence.**

**Release of Information**

I understand that in order to receive assistance, my information may be shared with Frontline Church staff as well as **Access of West Michigan** and other agencies or volunteers involved in the process.

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

**** Signature of Applicant Date