



1210 Franklin Road  
Brentwood, TN 37027

## Application for Benevolence Assistance

*This is **confidential information** for the use of your Community Group Leader(s) and the Benevolence Team only. Please complete the following information honestly. Failure to answer truthfully will mean forfeiture of any assistance we may provide. If you have any question, please feel free to ask the Congregational Care Coordinator.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_

1) What would you like assistance with? \_\_\_\_\_

\_\_\_\_\_

2) How did the need come about? \_\_\_\_\_

\_\_\_\_\_

3) How much assistance do you need? Please be specific. \_\_\_\_\_

\_\_\_\_\_

4) Are you in a Community Group? If so, indicate your leader's name. Are they aware of your need? \_\_\_\_\_

\_\_\_\_\_

5) What other churches or organizations have offered you financially assistance in the past? When? How much?

\_\_\_\_\_

\_\_\_\_\_

6) What steps are you taking to alleviate your present situation? \_\_\_\_\_

\_\_\_\_\_

7) If we do not help you, what other options do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) If we help you, how many people are involved? \_\_\_\_\_ Please list names and ages: \_\_\_\_\_

\_\_\_\_\_

9) Briefly describe your relationship with Jesus Christ: \_\_\_\_\_

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

10) Any history of addictive behavior (gambling, alcohol, drugs, etc.)? \_\_\_\_\_

\_\_\_\_\_

**Current Employment**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Hours per Week \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Spouse's Employment Information**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Hours per Week \_\_\_\_\_ Length of Employment \_\_\_\_\_

11) If you or your spouse have been employed by your current employer for less than two years, who was your previous employer?

Previous Employment \_\_\_\_\_

Phone Number \_\_\_\_\_ How long were you employed? \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Spouse's Previous Employment \_\_\_\_\_

Phone Number \_\_\_\_\_ How long were you employed? \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

12) If you are unemployed, when is the last date you worked? \_\_\_\_\_

13) What have you done to obtain employment? \_\_\_\_\_

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

**Family Information**

Please list all family members (living or deceased) and their information in the table below.

<b>Relative</b>	<b>Check if deceased</b>	<b>Name</b>	<b>Address</b>	<b>City and State</b>	<b>Phone Number</b>
<b>Your Father</b>					
<b>Your Mother</b>					
<b>Your Children</b>					
<b>Your Siblings</b>					
<b>Spouse's Father</b>					
<b>Spouse's Mother</b>					
<b>Spouse's Siblings</b>					
<b>Other</b>					

## EXPENSES/LIABILITIES

Translate annual or quarterly payments into "Avg. Monthly Equivalents" by dividing annual payments by 12 or quarterly payments by 4.	<b>Average Monthly Expense/Payment</b>	<b>Total Balance</b>		<b>Office Use</b>
<b>GIVING</b>				
Tithe				
Other Giving				
<b>GIVING SUBTOTAL</b>				
<b>SAVINGS</b>				
Savings				
Retirement				
Education				
<b>SAVINGS SUBTOTAL</b>				
<b>HOUSING</b>				
Mortgage or Rent (Check if PITI <input type="checkbox"/> )				
2 <sup>nd</sup> Mortgage or Line of Credit				
Homeowner/Renters Insurance (if not PITI)				
Real Estate Taxes (if not PITI)				
Personal Property Taxes				
Maintenance				
Electric				
Gas				
Water & Sewer				
Telephone				
<b>HOUSING SUBTOTAL</b>				
<b>FOOD/PERSONAL</b>				
Food and personal and household items				
Barber/Beauty Salon				
Alcohol/cigarettes				
<b>FOOD/PERSONAL SUBTOTAL</b>				
<b>CLOTHING</b>				
Purchases				
Laundry/cleaning				
<b>CLOTHING SUBTOTAL</b>				
<b>TRANSPORTATION</b>				
Car loan payment(s)				
Car loan payment(s)				
Insurance				
License/tags				
Gas				
Maintenance				
Train/bus/parking				
<b>TRANSPORTATION SUBTOTAL</b>				
<b>OTHER INSURANCE</b>				
Life				
Disability				
Medical				
Dental				
<b>OTHER INSURANCE TOTAL</b>				

## EXPENSE/LIABILITIES

Translate annual or quarterly payments into "Avg. Monthly Equivalents" by dividing annual payments by 12 or quarterly payments by 4.	<b>Average Monthly Expense/Payment</b>	<b>Total Balance</b>		<b>Office Use</b>
<b>ENTERTAINMENT/RECREATION</b>				
Dining Out				
Allowances				
Movies/events				
Baby sitting				
Vacation/trips				
Gifts				
Cable/satellite TV				
Health club				
Hobbies/Lessons				
Books/Magazines				
Other				
<b>ENTERTAINMENT/RECREATION SUBTOTAL</b>				
<b>PROFESSIONAL SERVICES</b>				
Education/Childcare				
Medical/Dental				
Prescriptions				
Legal				
Counseling				
Union/Professional dues				
<b>PROFESSIONAL SERVICES SUBTOTAL</b>				
<b>DEBT</b>	<b>Average Monthly Expense/Payment</b>	<b>Account Balance</b>	<b>Interest Rate</b>	
Credit Cards (Indicate type of cards; e.g. VISA)				
Other charge accounts (e.g. department stores)				
School loans				
Bank/consumer loans				
Credit Union				
Other debt				
<b>DEBT PAYMENTS SUBTOTAL</b>				
<b>OTHER EXPENDITURES OR DEBT</b>				
<b>OTHER EXPENDITURES SUBTOTAL</b>				
<b>●●GRAND TOTAL OF EXPENSES●●</b>				

## ASSETS/INCOME

ASSETS			AMOUNT
Cash on hand	----->		
Checking accounts	----->		
Savings Accounts	----->		
Money Market funds	----->		
C.D.(s)	----->		
Mutual Funds	----->		
Insurance cash value	----->		
IRA (s)	----->		
<i>For cars and home show information to right</i>	Market Value	Balance Owed	NET VALUE
Car (year _____ make _____)			
Car (year _____ make _____)			
Home			
Other property			
Other Assets	----->		
	----->		
	----->		
<b>●●TOTAL ASSETS●●</b>	----->		
<b>INCOME</b>	<b>GROSS</b>	<b>NET</b>	
<b>(on monthly basis)</b>			
Head of household's job #1			
Head of household's job #2			
Spouse's job #1			
Spouse's job #2			
<b>OTHER INCOME</b>			
Interest			
Dividends			
Alimony			
Child Support			
Disability			
Social Security			
Governmental Aid			
Unemployment			
Food Stamps			
Other Sources			
<b>●●TOTAL MONTHLY INCOME●●</b>			

Previous assistance from FBC:    Date \_\_\_\_\_    Amount \_\_\_\_\_

Date \_\_\_\_\_    Amount \_\_\_\_\_

Date \_\_\_\_\_    Amount \_\_\_\_\_

Benevolence Team action taken \_\_\_\_\_

\_\_\_\_\_