



Anchor Church Palos Benevolence Application

Please complete the form in its entirety prior to submission.

Please Note: Anchor Church Palos is not a rescue shelter nor an emergency help center. We can, however, provide information and directions to local social service agencies. Assistance may take several days or more depending on the complexity of the need, and requires an interview with a deacon (plus any conditions that might be decided upon).

Date:

Name:

Address:

Phone:

Work Phone:

Spouses Work Phone:

Marital Status:

☐ Single ☐ Divorced

☐ Married ☐ Widowed

Please list all persons in your household, include self. Name and age please:

Please list family or relatives in immediate area:

Church Involvement

How many times per month do you attend Anchor Church?

When did you begin attending Anchor Church?

Are you a member of Anchor Church?

☐ Yes ☐ No

Church activities involved in:

Previous church attended:

Do you consider yourself a Christian? Please explain.

Employment

Current Employer:

Employer Address:

How long have you been employed at above employer?

Previous employer, name and address

How long were you employed at previous employer?

Type of work/skills are you qualified to perform?

Spouse's Employment

Current Employer:

Employer Address:

How long have you been employed at above employer?

Previous employer name and address:

How long were you employed at previous employer?

Type of work/skills are you qualified to perform?

Please identify specific need in these areas

Specific prayer request:

Food:

Specific financial need:

Other:

Please Answer the Following Questions:

What were the events that led up to this situation?

What other options have you pursued to resolve this problem?

In what ways is your family willing to provide assistance?

What steps or goals do you have to achieve financial stability?

Please list the detailed steps that are in place to reach these goals?

What assistance have you received from other churches?

Will you agree to attend any financial courses offered by ACP (this may be required)?

☐ Yes ☐ No

Please list 2 references who can confirm your need (e.g. small group leader, church staff person, a regular Anchor Church attendee or member, neighbor, family member. This is required information)

1.

Name:

Phone:

Relationship:

2.

Name:

Phone:

Relationship:

Monthly Income/Expense Report

Income/wages per month	
Hours worked per week:	
Total monthly income	
Rent/Mortgage per month	
Real estate taxes	
Transportation (payments, fuel, insurance)	
Number of Payments remaining?	
Food	
Utilities (gas, electric, water)	
Other	
Total credit card debt	
Other loans	
Total Expenses	

Are you receiving financial support from anyone now?

☐ Yes ☐ No

If yes, please list name and phone number:

Please Read and Sign The Following Agreement:

I (we) understand that Anchor Church Palos (ACP) and its counselor assigned to me will attempt to assist me with planning a course of action for myself and that ACP and its counselors make no representations or warranties with respect to the results or help provided to me. This assistance is provided without charge or obligation unless any funds provided are specifically designated as a loan. I (we) further agree to hold harmless ACP and its counselors, volunteers, employers, officers, directors, elders and deacons from any claim, suit, action, demand or liability of any kind arising out of or in any manner connected with my (our) participation in or receipt of this assistance.

Name:

Signature:

Date:

Name:

Signature:

Date:
