



P.O. Box 551341  
Jacksonville, FL 32255-1341

## **BENEVOLENCE MINISTRY**

Section 3

### **APPLICATION FORMS & DOCUMENTS**

For Public Use by those applying for benevolence assistance  
from Celebration Church.

2017



P.O. Box 551341  
Jacksonville, FL 32255-1341

Dear Member of Celebration Church,

Your family and the financial distress you are struggling with are very important to us. Due to the growing need for financial assistance in the current economy, we have had to rethink the type and duration of assistance we are able to offer.

It is the heart and passion of Celebration Church to assist our members who find themselves in financial crisis. **Our main priority** is to walk with you through the current crisis and guide you towards *long-term spiritual, emotional, physical, and financial wellness*. **The ultimate purpose** of all benevolence at Celebration Church is the glory of God as you *achieve self-sustaining financial stability and strength*.

At Celebration Church, benevolence assistance involves much more than "a last minute rush to pay the rent to avoid eviction or to pay a utility bill to keep the lights on." Benevolence is **an intentional proactive educational, counseling, and coaching process** to help you identify and implement strategies with a long term action plan for freedom, financial health, and wholeness.

This involves several steps:

1. Submitting a **fully-documented application** for financial assistance regardless of the nature or size of the needs. This gives us a clear picture of your current situation and recent history.
2. Meeting with a member of the Benevolence Team to review your application and begin **a discussion about budget planning and debt management**. We will recommend a financial plan and educational resources for you through classes and small group opportunities at Celebration Church.
3. **Referring you to other community organizations**, agencies, and services for resources to assist you in ways we cannot. We may not be the best source for what you need at this time.
4. Offering **temporary, short-term financial assistance** for basic and necessary costs of living during times of crisis or emergency.

Any financial assistance granted will be a part of ongoing educational, spiritual, and emotional support. If you cannot commit to working on development of your personal, spiritual, or financial goals, we will not be able to offer financial help.

**We are not set up to provide immediate assistance.** Our processes take time but they will help with the bigger, long-term picture of your financial stability and strength. We are praying for His provision, His timing, and His perfect plan for you. Please remember that God is your provider according to Philippians 4:19, *My God shall supply all your needs according to His riches in glory in Christ Jesus*.

Anyone who qualifies for unemployment, disability, or food stamps will be asked to apply, or re-apply, for ongoing assistance with food. Our help only covers short-term assistance while qualifying for other programs or seeking employment.

**Please read the attached pages carefully** regarding the steps you must take to apply for assistance. If you have questions or would like prayer, please call our Care Team 904-737-1121 or email [nphillips@celebration.org](mailto:nphillips@celebration.org). We will get back to you as quickly as possible.

With hope and love,

**Celebration Church Benevolence Ministry**



## BENEVOLENCE APPLICATION FORM

This Benevolence Application Form must be completed before you can schedule an interview with a member of the Benevolence Team or receive any assistance through Celebration Church.

**A complete application can be submitted** to us by dropping it off at the Midtown Campus office, faxing it directly to 904-551-4141, or emailing it as a PDF file to [nphillips@celebration.org](mailto:nphillips@celebration.org)

Upon receipt of your application, we will contact you to set up a time to meet with our Benevolence Team for **a personal face-to-face conversation to discuss your application**. The purpose for this meeting is to learn about your situation in detail and to assist you in developing a long-term action plan. You will have opportunity to ask questions as well as respond to our questions. The goal is open communication between us so we can help you achieve self-sustaining financial stability and strength.

This interview appointment will take approximately one hour. If you are unable to keep your appointment, please call us at 904-737-1121 as soon as possible to reschedule the meeting.

**We expect you will be on time for your appointment.** If you must cancel or reschedule, call us as early as possible to arrange an alternative time to meet with the interviewer. Failure to call or not show up for an interview will result in termination of all further consideration of the application. Such absence will be defined by the Benevolence Team as your disinterest in pursuing their request for assistance.

**Bring copies of all required documents to support your application.** Note that failure to bring any documents showing what you pay on a monthly basis and identifying all your income sources to support your claim for assistance may disqualify you from consideration and delay or terminate your application.

**You must make childcare arrangements for your children.** Do not bring any children with you to the appointment. Childcare will not be provided nor will an area be available for children to play, wait, or be with you during the interview. They interfere with your ability to engage in productive discussion and conversation. We insist you make arrangements for someone to care for your children and not bring children of any age to the interview appointment.

**We are not set up to give immediate assistance.** Normally, it could take up to three weeks before a decision is made about whether or not financial aid may be available. Once an application is submitted, expect to wait. Though our processes take time, we do help with the bigger, long-term financial picture of your life. **If you need quick emergency help, you may need to seek it elsewhere.** We may not be the best source of assistance for you at this time.

**Submitting an application does not guarantee approval for financial assistance.** Assistance may be given at the sole discretion of the Benevolence Team following careful review of your request and alignment with our guidelines for financial assistance.

When the application review is complete, **you will be notified via email as soon as a decision is made** regarding whether your request has been granted or denied along with conditions for receiving aid.

**False or misleading information will result in automatic denial of assistance.**

Please read the attached pages carefully for additional information and instructions regarding the steps you must take to qualify for assistance from Celebration Church. If you have questions or would like prayer, please call our CareTeam at 904-737-1121 or email [nphillips@celebration.org](mailto:nphillips@celebration.org). We will get back to you as quickly as possible.

## Checklist for Completing Benevolence Application

Applicant Note: Every item on this checklist is required. Since we cannot process an incomplete application, take the time to go step-by-step through this checklist to insure your application is complete. If any item is omitted or is not completed, the application will not be processed and no assistance can be given.

Check each item as you complete it.

- Provide your current address, a working email address, and phone number where you can always be reached. Email is our primary means of communication.
- Complete all information regarding your involvement, participation, and support at Celebration Church.
- List the names of all adults and children living at your address. If none, write "none" on first line.
- List current and past employers. All items must be completed. If it does not apply, enter NA.
- List current employment for other adults living at your address. If they are not currently working, list the last job they held. If no other adults live at your address, enter NA.
- List all other sources of assistance you have applied for and/or have received.
- Specifically state your needs. Use space on Page 9 as needed to tell us more about your situation.
- List each item you are seeking assistance for and the exact amount due. Do not estimate or round off the amount. The amount listed on the application must match exactly the amount on the bill.
- Provide a copy of each bill, invoice, or statement. We will not accept originals.
- Verify the name/address of the payee is clearly printed on each item.
- Provide a current and documented record of all household income from all sources.
- Complete all items on the "Monthly Income & Expenses sheet or mark it NA.

Make sure you have attached copies of the following documents to your application:

- Copy of **photo ID for both applicant and co-applicant**. Current driver's license, U.S. passport, military ID, or state-issued ID will be accepted.
- Copies of **three most recent pay stubs** for all adults living in the household. If you have not worked in six months or more, provide a copy of your most recent federal income tax return.
- Copies of the **two most recent itemized statements from all checking or savings accounts**, credit cards, utility services, cable tv, cellphone, loan payments, and other financial institutions showing all daily activity in each account.
- Mortgage payment stub or **most recent mortgage statement** or **lease/rental agreement**.
- Copies of **the bills or statements for which you are requesting assistance**. *These must be official, current statements or bills that clearly state the exact amount due and name and address of the payee.* Please note: We only consider bills in the name of the primary applicant providing identification and completing the application.
- Copies of **itemized statements of all financial assets** – savings accounts, CD's, retirement and pensions, IRA/401b, trusts, etc.
- Doctor's statement** verifying you are medically unable to work if disabled or injured.

**APPLICANT INFORMATION**

\_\_\_\_\_  
 Name SSN Date of Birth Age  
 \_\_\_\_\_  
 Current Address Apt# City State Zip Code  
 \_\_\_\_\_  
 Home Phone Cell Phone Work Phone  
 Marital Status:  Single  Engaged  Married  Divorced  Separated  Widowed  
 \*Email Address: \_\_\_\_\_ Gender:  Male  Female

**CO-APPLICANT INFORMATION**

\_\_\_\_\_  
 Name SSN Date of Birth Age  
 \_\_\_\_\_  
 Current Address Apt# City State Zip Code  
 \_\_\_\_\_  
 Home Phone Cell Phone Work Phone  
 Marital Status:  Single  Engaged  Married  Divorced  Separated  Widowed  
 \*Email Address: \_\_\_\_\_ Gender:  Male  Female

*\*Email is our primary means of communicating with you. If you do not have email, please provide a working phone number where we can always reach you and/or leave a message for you.*

**CHURCH INVOLVEMENT & SPIRITUAL INFORMATION**

Are you a member of Celebration Church?  Yes  No Co-Applicant?  Yes  No  
 What campus do you attend?  The Arena  Orange Park  St Johns  Other \_\_\_\_\_  
 When did you complete the Growth Track classes? \_\_\_\_\_ Co-Applicant? \_\_\_\_\_  
 What best describes your support and participation level at Celebration Church?  
 Frequently attend  Occasionally attend  Seldom attend  Never attend  
 Regularly tithe  Occasionally tithe  Random giver  Don't give  
 Currently serve  Served over 3 months ago  Never served  
 Currently lead a team  Lead in past (over 3 months ago)  Never lead a team  
 Currently attend group  Attended in past (over 3 months ago)  Never attend a group  
 What best describes co-applicant's support and participation level at Celebration Church?  
 Frequently attend  Occasionally attend  Seldom attend  Never attend  
 Regularly tithe  Occasionally tithe  Random giver  Don't give  
 Currently serve  Served over 3 months ago  Never served  
 Currently lead a team  Lead in past (over 3 months ago)  Never lead a team  
 Currently attend group  Attended in past (over 3 months ago)  Never attend a group  
 Who is your current group leader? \_\_\_\_\_ What group? \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Who is current serving team leader? \_\_\_\_\_ What team? \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Who is Jesus? \_\_\_\_\_

Describe your relationship with Jesus? \_\_\_\_\_

\_\_\_\_\_

Are you currently counseling with a pastor at Celebration Church?  Yes  No Who? \_\_\_\_\_

Are you currently counseling with someone outside Celebration Church?  Yes  No

Who? \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**FAMILY INFORMATION**

List the name, age, sex, and relationship of other **adults** (age 18 and older) now living at your address:

First/Last Name	Age	Sex	Relationship	Monthly Income	Release
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Each adult living at your address must complete and sign a Release of Information Authorization form.*

List the name, age, sex, and relationship of all **children** (under age 18) now living at your address:

First/Last Name	Age	Sex	Grade	School/Job	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If more than 4 children are living at your address, please list their information on a separate page.*

List the names and your relationship with all **relatives** living in the Jacksonville area.

Applicant's Relatives		Co-Applicant's Relative	
First/Last Name	Relationship	First/Last Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT INFORMATION**

**For the Applicant**, are you currently employed?  Yes  No

If yes, how many hours do you work weekly? \_\_\_\_\_ If no, how long unemployed? \_\_\_\_\_

If no, are you actively looking for employment?  Yes  No Why not? \_\_\_\_\_

How are you looking for work? \_\_\_\_\_

3 Recent Employers                      Job Position                      Dates of Employment                      Reason for Leaving

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Name of current or most recent supervisor                      Phone                      Email address

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**For the Co-Applicant**, are you currently employed?     Yes     No

If yes, how many hours do you work weekly? \_\_\_\_\_ If no, how long unemployed? \_\_\_\_\_

If no, are you actively looking for employment?     Yes     No

How are you looking for work? \_\_\_\_\_

3 Recent Employers                      Job Position                      Dates of Employment                      Reason for Leaving

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Name of Current or most recent Supervisor                      Phone                      Email address

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List current employment of **other adults** in the household:

Name                      Employer                      Monthly Income                      Length of Employment                      Reason for Leaving

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### HOUSING INFORMATION

Do you     Own?     Rent?     Live with parents?     Live with relatives?     Live with friends?

Name of Current Landlord or Mortgage Co                      Phone Number                      Email Address

How long have you been at your current address? \_\_\_\_\_

If less than 12 months at current address, how long were you at previous address? \_\_\_\_\_

Previous Address                      Apt#                      City                      State                      Zip Code

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Previous Landlord Name                      Phone Number                      Email address

Why did you move? \_\_\_\_\_

### TRANSPORTATION

Do you have a valid driver's license?     Yes     No    If not, why not? \_\_\_\_\_

Does co-applicant have valid driver's license?     Yes     No    If not, why not? \_\_\_\_\_

**ASSISTANCE FROM OTHERS**

List other churches, agencies, organizations, and individuals you have asked for help. Provide the name and phone number of the person you contacted. Use backside for additional items.

Name \_\_\_\_\_ When \_\_\_\_\_ Phone Number \_\_\_\_\_ What was provided?

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**BENEVOLENCE NEED & REQUEST**

Why are you seeking assistance? What crisis or situation has caused you to ask for assistance?

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How long have you been in financial distress? \_\_\_\_\_

What steps have you taken to resolve the financial crisis and to improve your present situation?

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In your opinion, how would you describe your financial situation?

- Short term emergency     
  Short term problem     
  Long term problem

Explain. \_\_\_\_\_

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If you received help from Celebration Church to help with this immediate need, what is your plan for the future? How will you pay expenses next month? \_\_\_\_\_

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Have you received financial help from Celebration Church in the past?  Yes  No

When? What? \_\_\_\_\_

List each item you are seeking assistance for and the amount requested:

Creditor/Bill/Need	Amount Needed	Date Due
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____



**MONTHLY INCOME & EXPENSES**

Please list **all** monthly income and expenses.

<b>INCOME SOURCE</b>	<b>AMOUNT</b>
Applicant Wages/Salary	
Co-Applicant Wages/Salary	
Overtime/Bonus/Commission	
Child Support/Alimony	
SSI	
Unemployment	
SS/VA Disability	
Workers Comp	
Food Stamps/SNAP	
Retirement/Pension	
Retirement/Social Security	
Family Gifts/Support	
Friends Gifts/Support	
Rental Income (Roommate, other)	
Interest/Investment Income	
Section 8 Rent Assistance	
Other	
<b>TOTAL MONTHLY INCOME</b>	

<b>EXPENSES</b>	<b>AMOUNT</b>
Tithing/Giving	
Rent/Mortgage	
Health/Life Insurance	
Electric/Gas	
Water/Sewer/Phone	
Cellphone	
Cable/Internet	
Car Payment	
Car Payment	
Car Insurance	
Gas/Oil/Repairs	
Food/Groceries	
Clothing	
Medical & Rx	
Childcare	
Child Support/Alimony	
School Expenses/Lunches	
Alcohol/Cigarettes	
Credit Card Payments	
Credit Card Payments	
Loan Payments	
Loan Payments	
Memberships (gym, etc.)	
Eating Out	
<b>TOTAL MONTHLY EXPENSES</b>	



## CONTACT INFORMATION

**Our primary means of communication is email.** What is your current and correct email address?

Email Address \_\_\_\_\_

If we cannot reach you by email, we will attempt to reach you via phone. What is the primary backup phone where you can *always* be reached?

\_\_\_ Cell # \_\_\_\_\_

\_\_\_ Okay to leave message with detailed information

\_\_\_ Leave message with callback number only

\_\_\_ Home # \_\_\_\_\_

\_\_\_ Okay to leave message with detailed information

\_\_\_ Leave message with callback number only

\_\_\_ Work # \_\_\_\_\_

\_\_\_ Okay to leave message with detailed information

\_\_\_ Leave message with callback number only

Signature \_\_\_\_\_

Date \_\_\_\_\_

