



Benevolence Instructions for General Assistance

Bucks County Community Church (BCCC) is a biblical community that is committed to advancing the gospel and pursuing Christ-like transformation. The BCCC Benevolence Ministry endeavors to promote Christ-like transformation by being an explicit testimony of the love of Jesus Christ. Galatians 6:10 says, “As we have opportunity, let us do good to all people, especially to those who belong to the family of believers”. The Benevolence Ministry strives to model this by helping provide the basic necessities of life for those in need.

If you are in need, we encourage you to apply for assistance by completing this application. We have outlined our assistance procedure below so you are aware of what to expect. By carefully following this procedure, you will help the Benevolence Ministry efficiently process, evaluate, and respond to your request. It is our sincere desire throughout this process to advance the gospel and show you the love of Jesus Christ during your time of need.

Step 1: Complete and submit your application

Complete this application in its entirety and collect all relevant documents. Examples of relevant documents usually include bills that provide proof of need, bank statements for proof of income, and any other documents that may help the Benevolence Ministry evaluate your request. Submit this application and copies of all relevant documents to the BCCC Office. Please note that you must bring a government-issued photo ID with you when you submit your application. Please retain this page of the application for your reference.

Step 2: Wait for your application to be reviewed

Once the Benevolence Ministry has reviewed your application, you will be contacted within 48-hours to discuss your request. If your request meets the guidelines of the Benevolence Policy, an in-person interview will be scheduled. Interviews generally occur at the BCCC Office following one of the Sunday morning worship services and take approximately one-hour.

Step 3: Attend your interview

Please arrive at the BCCC Office at your scheduled interview time. If you are married, both you and your spouse should attend the interview. Members of the Benevolence Ministry will meet with you to discuss your request. If you need to cancel or reschedule your appointment, please contact the BCCC Office as soon as possible by calling 215-752-9945. Please leave a voice message if there is no answer.

Step 4: Wait for the decision

The Benevolence Ministry will notify you of their decision typically within a week of your interview. Please pray for wisdom for the Benevolence Ministry as they evaluate your request. Regardless of the Benevolence Ministry’s decision, you may receive recommendations for services such as financial advising/counseling or referrals to other services and organizations. Approved requests often require financial advising/counseling. Please keep in mind that filling out an application and discussing your request with the Benevolence Ministry does not guarantee that your request will be approved.

Step 5: Receive your assistance

If your request is approved, you will be informed how to obtain your assistance. If BCCC does not pay the service provider directly, you will need to pick up your check from the BCCC Office and mail or deliver the check to the service provider. Please note that your check will be made payable to the service provider (e.g., utility company, landlord). BCCC policy does not allow us to provide cash or write checks payable directly to you.

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Benevolence Application for General Assistance

1) PERSONAL INFORMATION

Name: _____

Current Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Length of Residency at Current Address: _____

Marital Status: Single Married Divorced Separated Widow(er)

Current Residence: Rent Own Live with family/friend Homeless

List all persons that reside at your current address:

Name	Age	Relationship to Applicant	Employer/School

Provide the name, phone number, and relation of a personal reference we can contact: _____

2) CHURCH

BCCC Affiliation: Member Regular Attender Visitor Not Affiliated

BCCC Worship Attendance: Weekly 1 or 2 Times per Month Few Times per Year Never

List any BCCC ministries you are involved in (e.g., Small Group, Men's, Women's, Youth, etc.): _____

List all other churches you attend or are otherwise affiliated with: _____

Are you related to any member of the BCCC Benevolence Ministry, Elders, Deacons, or Staff? Yes No

3) NEED

Date you became aware of your need: ____ / ____ / ____

Date your need requires attention: ____ / ____ / ____

What is your need and how can we help meet your need (please be specific)? _____

What events caused your need? _____

What steps have you taken to resolve your need? _____

If assistance is provided, how do you plan to meet your need if it reoccurs in the future? _____

What are your short-term goals (within 6-months) and how would assistance help you achieve these goals? _____

Please provide any additional information that could help us evaluate your request: _____

If your need is expected to reoccur, how long do you expect your need for assistance to last? _____

Do you lack the resources to meet your need? Yes No

Are you currently meeting with a pastor or counselor regarding your need? Yes No

Have you or anyone in your household ever received assistance from BCCC in the past? Yes No

If YES, list who, when, and amount: _____

List all individuals, churches, agencies, and organizations you have contacted requesting assistance for your need:

Name	Affiliation (e.g., Family, Friend, Church, etc.)	Contact Date	Status (e.g., Pending, Approved, Denied)

4) EMPLOYMENT

List your present and past employment:

Employer	Full Time or Part Time	Job Title	Dates of Employment	Reason for Leaving
Present:				
Past:				

List your spouse's/partner's present and past employment:

Employer	Full Time or Part Time	Job Title	Dates of Employment	Reason for Leaving
Present:				
Past:				

List your highest level of education and degree awarded: _____

List any illnesses, injuries, or disabilities that you would like to voluntarily disclose that prevent you from working: _____

5) FINANCES

Do you have a written budget? Yes No

If NO, do you want help creating a written budget? Yes No

Have you ever filed for bankruptcy? Yes No Considering bankruptcy

If YES, briefly summarize the circumstances: _____

List any assets you have that could be sold to help provide for your need? _____

Do you or anyone in your household abuse substances or use illegal or unprescribed drugs? Yes No

If YES, list who, what kind, how often, and estimated cost per week: _____

List your total household monthly income and expenses (approximate if uncertain):

Monthly Income		Monthly Expenses	
Net Salary #1	\$	Mortgage/Rent	\$
Net Salary #2	\$	Electricity	\$
Spouse/Roommate Net Salary #1	\$	Heating Oil/Gas	\$
Spouse/Roommate Net Salary #2	\$	Water/Sewer/Trash	\$
Bonus	\$	Home/Renters Insurance	\$
Self-Employment Income	\$	Cell Phone	\$
Public Assistance/Welfare	\$	Telephone	\$
Food Stamps	\$	Cable/Satellite TV	\$
Unemployment	\$	Internet	\$
Workers Compensation	\$	Car Payment #1	\$
Supplemental Security Income	\$	Car Payment #2	\$
Disability Income	\$	Auto Insurance	\$
Social Security	\$	Auto Gas & Oil	\$
Retirement/Pension	\$	Parking/Tolls	\$
Veteran's Benefits	\$	Groceries	\$
Alimony	\$	Eating Out	\$
Child Support	\$	Clothing	\$
Foster Care	\$	Medical/Dental Insurance	\$
Interest Income	\$	Medications	\$
Dividend Income	\$	Child Care	\$
Royalty Income	\$	Child Support	\$
Rents	\$	School Tuition	\$
Notes	\$	School Loans	\$
Annuity	\$	Bank Loans	\$
Cash Gifts	\$	Credit Cards	\$
Trust Fund	\$	Alimony	\$
Other Agencies	\$	Charitable Giving	\$
Family & Friends	\$	Memberships	\$
Other:	\$	Entertainment	\$
Other:	\$	Other:	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

List your total household assets and liabilities (approximate if uncertain):

Total Assets (Current Market Value)		Total Liabilities (Current Balance)	
Real Estate	\$	Mortgage (Principal Balance)	\$
Automobiles	\$	Auto Loans	\$
Motorcycles, Boats, RVs, ATVs, etc.	\$	School Loans	\$
Cash on Hand	\$	Personal Loans from Family/Friends	\$
Checking Accounts	\$	Other Loans	\$
Savings & Money Market Accounts	\$	Credit Card Debt	\$
Stocks, Bonds, Mutual Funds, CD's	\$	Medical Bills	\$
Retirement Plans, (IRA, 401k, etc.)	\$	Past Due Rent/Mortgage	\$
Insurance (Cash Value)	\$	Other Past Due Bills	\$
Household Items	\$	Other:	\$
Antiques, Jewelry, etc.	\$	Other:	\$
Other:	\$	Other:	\$
Total Assets	\$	Total Liabilities	\$

6) IDENTIFICATION

Applicants are required to show a government-issued photo ID when submitting an application. A photocopy of your ID will be made and kept on file with your application.

7) CERTIFICATION & RELEASE OF INFORMATION

I hereby certify the information provided is true and correct. I understand that incomplete, false, or misleading information may subject me to denial of assistance and disqualification of future assistance. I authorize Bucks County Community Church to share my basic, identifying and non-confidential information with my personal references, other churches, agencies, businesses, attorneys, individuals and any others deemed necessary for the purpose of verifying the information on this application and/or identifying other sources of assistance. I agree to hold harmless Bucks County Community Church and its directors, elders and volunteers from any claim, suit, action, demand or liability of any kind arising out of or in any manner connected with my request for assistance or receipt of assistance.

I have read, understood, and agree with the Certification & Release of Information stated above.

Applicant's Signature

Date

Printed Name

Spouse's Signature

Date

Printed Name