

# Grace Church Benevolence Request

CONFIDENTIAL - ALL INFORMATION FOR STATISTICAL PURPOSES ONLY

Fill out front page only

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

MI

Other adults in household \_\_\_\_\_

Relationship? \_\_\_\_\_

Names & ages of children in household \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Alt. Phone \_\_\_\_\_

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

Household Income \$ \_\_\_\_\_ Income Source \_\_\_\_\_

Rent \$ \_\_\_\_\_ Subsidized?( Y / N ) Food Stamps \$ \_\_\_\_\_ Veteran? ( Y / N )

Referred by \_\_\_\_\_ (Agency, Friend, etc.)

Church that you regularly attend \_\_\_\_\_

What other agencies have you sought help from? (include Food Stamps/Welfare/Child Support/Churches and Community Helps) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your need at this time? \_\_\_\_\_  
\_\_\_\_\_

Is this a one-time need? Yes No (circle one)

What happened to create this need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If continued help is requested, there will be additional forms and information needed for those needs to be considered.

# Grace Church Benevolence Request

For Office Use Only		
Date	Situation	Service Received

## Pastor/Person Making Contact (P.O.D.)

Name \_\_\_\_\_

Do you know the person/family? How do you know them?

\_\_\_\_\_

First time need? \_\_\_\_ (Y/N)      Will this need be ongoing? \_\_\_\_ (Y/N)

Recommendation for Assistance \_\_\_\_\_

\_\_\_\_\_

Is a referral needed? To whom \_\_\_\_\_

Copy of Driver's License (Required)

Copy of Billing Statements \_\_\_\_\_

## Executive Pastor Authorization

Approved for \$ \_\_\_\_\_ On (date) \_\_\_\_\_

Signature \_\_\_\_\_

Approval Via Phone? Staff Signature/Date \_\_\_\_\_

## Check Request

Payable to \_\_\_\_\_

Address \_\_\_\_\_

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

Amount \$ \_\_\_\_\_ Date needed \_\_\_\_\_       Mail       To be picked up

Accounting Use Only: Check Number \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_