



Lazy Mountain Bible Church (LMBC) Benevolence Ministry Policy

Dear Applicant:

This application will be reviewed by a Pastor, Lazy Mountain Bible Church Elders and/or LMBC Benevolence Team. It can take up to 10 days to approve or deny your request. You will be contacted with their decision and you may be asked to meet with them.

The following expenses will be considered for contribution of church funds:

1. Lights/electric
2. Fuel for heating purposes
3. Groceries
4. Housing
5. Medical
6. Auto Fuel

The following items will not be considered for contribution of church funds:

1. Deposits of any type
2. Pawn Shop Tickets
3. Car Payments
4. Car Insurance
5. Phone Bills
6. Cell Phone Bills
7. Cable or Satellite TV

I have read and understand these policies:

Printed Name

Signature

Date

Thank You,

Pastor Jason Daughtry
Lazy Mountain Bible Church

Lazy Mountain Bible Church
Benevolence Ministry – Application/Information Sheet

Date of Application: _____

Name: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

If there is no spouse, are you: Single _____; Divorced _____; Separated _____; Widowed _____

Please list below the names and ages of others in your household:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Address: _____ Phone #: _____

Name of person or organization that referred you to LMBC's Benevolence Ministry:

INCOME INFORMATION:

1. Complete this information for the person completing this form:

Name/address/phone of employer Begin with most recent	Type of Work	Period of Employment		Salary per week in money amount
		Begin date Month/Yr.	End Date Month/Yr.	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

2. Complete this information for your spouse:

Name/address/phone of employer Begin with most recent	Type of Work	Period of Employment		Salary per week in money amount
		Begin date Month/Yr.	End Date Month/Yr.	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

3. Do you receive any other source of income? If so, check all that apply and give the monthly amount you receive?

- SS _____ Monthly allotment _____
 - SSI _____ Monthly allotment _____
 - Child Support _____ Monthly allotment _____
 - Food Stamps _____ Monthly allotment _____ Date issued _____
 - Workman's Comp _____ Monthly allotment _____ Date began _____
- Doctor issuing Workman's Comp (please include doctor's address and phone number):
- _____
- _____

Other _____

4. Does your spouse receive any other source of income? If so, check all that apply and give the monthly amount you receive?

SS _____ Monthly allotment _____
SSI _____ Monthly allotment _____
Child Support _____ Monthly allotment _____
Food Stamps _____ Monthly allotment _____ Date issued _____
Workman's Comp _____ Monthly allotment _____ Date began _____

Doctor issuing Workman's Comp (please include doctor's address and phone number):

5. Do you or your spouse have a checking account? Yes ___ No ___

If you answered yes, please provide the name and address of the institution:

6. Do you or your spouse have a savings account? Yes ___ No ___

If you answered yes, please provide the name and address of the institution:

Expense Information: Complete this section as thoroughly as possible

1. Do you rent your home? Yes ___ No ___ If yes, how much is your monthly payment? _____

Give the name and phone number, if possible, of your landlord:

2. Are you buying your home? Yes ___ No ___ If yes, how much is your monthly payment? _____

3. Do you have a car? Yes ___ No ___ If yes, are you making monthly payments? Yes ___ No ___

If yes, how much is your monthly car payment? _____

4. List the approximate amount of your monthly expenses for:

Power Bill: _____ Gas (home) _____
Gas (vehicle): _____ Water/Sewage: _____
Cable: _____ Food: _____
Phone: _____ Credit Card: _____
Other (Explain): _____

Purpose of completing this application:

1. For which of the above expenses do you need assistance and what are the financial needs for each?

\$ _____ Lights/electric
\$ _____ Fuel (heating purposes only)
\$ _____ Groceries
\$ _____ Housing
\$ _____ Medical
\$ _____ Auto Fuel

2. Are there any other special circumstances that have caused you to make this application?

Yes ___ No ___ If so, please explain: _____

3. Are you or your spouse presently receiving assistance from any other agency? Yes ___ No ___

If the answer is yes, which agency? _____
What type of assistance are you or your spouse receiving from this agency? _____

4. Have you or your spouse received assistance from another agency in the past? Yes ___ No ___

If yes, please give the name of the agency and identify the type of assistance:

Additional Information:

1. **Do you attend church regularly?** Yes ___ No ___ if yes, where: _____

Are you a member of a church? Yes ___ No ___ If yes, where: _____

Have you received Christ as your personal Lord and Savior? Yes _____ No _____

2. **Would you be willing to receive financial counseling?** Yes _____ No _____

3. **Have you ever been convicted of a crime?** Yes _____ No _____

If yes, what were you convicted of? _____

When? _____

4. **Has your spouse ever been convicted of a crime?** Yes _____ No _____

If yes, what was he/she convicted for? _____

When? _____

5. **List two references below:**

Name _____ Phone # _____

Name _____ Phone # _____

You may be contacted to arrange a meeting with a Pastor, Elder(s) and/or Benevolence Team.

I hereby certify that the information that I have supplied on this application is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date