



## Benevolence Request Form

*“Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.” Phil 4:6-7 NIV*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status: Single  Divorced  Widowed  Married  Spouse's

Name: \_\_\_\_\_

Names/ages of children living in your home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been attending U-City Family Church? \_\_\_\_\_

Are you a member of our church?  Yes  No. Have you attended?  101  201  301  
 401

Do you serve on the Dream Team?  Yes  No . If yes, which team(s)?

\_\_\_\_\_

Are you now or have you previously been a member of a Life Group?  Yes  No. If yes, which group(s)?

\_\_\_\_\_

Do you tithe or give a percentage of your income to U-City Family Church?  Yes  No

Has UCFC helped you financially in the past?  Yes  No. If yes, please explain.

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Have you attended financial counseling classes in the past?  Yes  No. If yes, please list.

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Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Current monthly income: \_\_\_\_\_ Do you  rent or  own your home?

Additional sources of income. Please list amount per month received:

Alimony \_\_\_\_\_ SSI \_\_\_\_\_ Child Support \_\_\_\_\_ Section 8 \_\_\_\_\_ Welfare \_\_\_\_\_

Do you have family who can help?  Yes  No

Are you receiving assistance for any other source(s)?  Yes  No. If yes, please list.

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Amount you are requesting: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount you are requesting: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount you are requesting: \_\_\_\_\_ Payable to: \_\_\_\_\_

What circumstances brought about this need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list two references (other than family members).

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

### Background Check Authorization

Have you ever been charged, arrested, or convicted of a felony or misdemeanor (other than routine traffic violations)?  Yes  No. If Yes, please provide a brief explanation:

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By signing below, I certify that the information contained in this application is complete, accurate, and not misleading in any way. I agree fully and voluntarily to a background check conducted by U-City Family Church. I understand that the result of my background check and the accuracy of my information will be used only as a basis for this benevolence request and will not be shared with any individual or organization outside of U-City Family Church administration.

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for the opportunity to serve you. Only fully completed applications will be considered. Please be aware that UCFC receives many requests and is not able to give financial help to everyone who requests it. We also request that benevolence “amounts” provided by UCFC be kept in confidence.

**Please submit your completed application by email to [info@ucityfamilychurch.com](mailto:info@ucityfamilychurch.com), or by placing it in the offering basket at church. You will be contacted by a member of the Benevolence Team.**