



bethlehem
an evangelical free church

Benevolence Ministry

Full Application

Bethlehem Church seeks to provide support for individuals and families in need.

Bethlehem Church seeks to address specific financial needs within the congregation and the community at large. To do so, Bethlehem has established a Benevolence Committee which oversees distributions from its Deacon's Fund.

Assistance is available to Bethlehem Church congregants and the community at large, giving priority to those within the congregation. We focus our community assistance on the immediate surrounding area because we believe this enhances our ability to meet the needs of those we help.

Direct disbursements are made to provide for the basic necessities of life, including, but not limited to: housing, utilities, transportation and medical care. Payment is typically made directly to the party providing the service and not to an individual.

We recognize that your situation may require urgent attention, and we will do our best to work with you. You should know that it typically takes seven days to work through a specific request for assistance after you have met with a benevolence case manager.

We are required to maintain records that authenticate your need, and to do this we ask that you attach copies of all relevant financial records to this Benevolence Application. A suggested list can be found on the following page.

Confidentiality

The information you provide is confidential and will be shared only with the committee, any special advisors used in assisting you and with, when deemed helpful, any references you provide. We will do all we can to secure your application and supporting documents and to protect your privacy.

Your Privacy is Important to Us



BENEVOLENCE APPLICATION

The following application packet must be completed before we can schedule an appointment or provide any assistance through the Bethlehem Church Deacon's Fund.

When you have completed these forms, please place them in a sealed envelope along with your supporting documents and return them to the church office. You may do so in person during regular business hours (8 AM to 4 PM Monday through Friday): or, you may mail them to: Bethlehem Church, 758 Route 10, Randolph, NJ 07869, ATTN: Benevolence Committee; or, you may scan and email them to benevolence@bethlehemchurch.org. It is necessary to have your application and supporting documents in advance of your appointment.

After your completed application has been received, you will be contacted to schedule an appointment with a benevolence case manager. This appointment will take approximately one hour. If for some reason you cannot keep your appointment, please call as soon as possible to let us know.

So that we can fully focus on understanding your situation and identifying specific ways to help, we ask that you make arrangements for someone to care for your children prior to your appointment with a benevolence case manager.

Please bring copies of all relevant documents with you to your appointment.

In addition to these documents, please bring any other papers that show your financial situation:

- Most current Bank or Savings Account Statements
- Most current pay stubs or unemployment/temporary disability benefits statements
- Most current utility bills (electric, heat, water/sewer, phone, cell, internet, TV) including shut off notices
- Most current credit card bills, car loan/lease statements and car insurance bills
- Mortgage statement and/or rental/lease agreement
- Medical Bills
- Social Service authorization papers: SSD/SSI, SNAP, LIHEAP, USF, Section 8, etc.
- Child Support/Alimony Orders
- IRS Form 1040 (or version 1040 A, EZ, X or ES)



BENEVOLENCE APPLICATION — page 2

PERSONAL INFORMATION

Name: _____ Date of Request: _____

Address: _____ Town: _____ Zip: _____

How long have you lived there? _____ Do you OWN RENT STAY WITH FRIEND/FAMILY

Prior Address: _____ Birth Date: ____/____/____

Home Phone: _____ Cell Phone: _____

E-Mail : _____ Marital Status: _____

Latest Diploma, License, Certification or Degree: _____ Date: _____

BETHLEHEM AFFILIATION

Are you a member or regular attender of Bethlehem Church? NO* YES If yes, how long? _____

**If your answer is "no," please skip to the bottom section, "Other Church Connections" and proceed thru the remainder of the forms.*

How often do you attend?

Please check any of the ministry areas in which you are involved:

Worship Services, Life Groups, Youth Ministry, Sunday School, ESL, Women's Ministry

Friday Night Clubs, Worship Team, Kitchen, Missions, others _____

List a group leader or member you enjoy speaking with.

Is anyone in your group aware of your situation? If so, who?

Have you shared your need with others at Bethlehem? Who?

MINISTRY INVOLVEMENT

Please list any other associations or involvements you have with Bethlehem Church either presently or in the past:

OTHER CHURCH AND COMMUNITY CONNECTIONS

Name of your home church (other than Bethlehem), if you attend: _____

Town _____ Name of Pastor/Priest: _____

Please list other places you regularly volunteer in our community (if any):



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YOUR HOUSEHOLD

Names of Those Living in Your Home	Relationship	Age	Your Dependent?	Name of school and Grade/Level	Working? (FT/PT/None)

YOUR EXTENDED FAMILY

PLEASE LIST CLOSE RELATIVES LIVING IN THE AREA OTHER THAN THOSE IN YOUR HOUSEHOLD (if any)

NAME	RELATIONSHIP	TOWN

HISTORY

Have you received financial assistance from Bethlehem Church in the past? YES NO

If so, when? _____ Who was your point of contact? _____

Have you received support from any other churches or community organizations? YES NO

Assistance received, the source and approximately when:

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MONTHLY EXPENSES

Type	Amount	Past Due Amount	Next Payment Due	Currently Shut Off?	Date of Eviction or Termination	Court Date	Reconnect Fee
Housing (rent or mortgage)							
Triple Play							
TV							
Internet							
Home Phone							
Cell Phone							
Heat (Gas or Oil)							
Electric							
Water/Sewer/Garbage							
Property Taxes							
Medical							
Groceries							
Transportation							
Auto Loan/Lease							
Auto Insurance							
Auto Repair							
Gasoline							
Child Care							
Child Support							
Education/Tuition							
Other							

YOUR DEBTS

Type of Debt	Balance Owed	Monthly Payments	Interest Rate	Past Due Amount
Mortgage				
Auto Loan				
Credit Card				
Student Loan				
Judgments/ Surcharges				
Medical Debt				
Other:				



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YOUR FINANCES

Do you have a budget? If so, please briefly share how it was developed and how it works for you:

What specific challenges are you are facing at this time?

What steps have you taken to improve your present situation?

Have you requested assistance from Social Services? YES NO Assistance Received:

Do you meet regularly with a financial counselor? YES NO

If not, are you available to meet regularly with someone from Bethlehem to discuss your finances? YES NO

YOUR SAVINGS AND ASSETS (STOCKS, INVESTMENT ACCOUNTS, RENTAL PROPERTY, ETC)

SOURCE	AMOUNT

YOUR VEHICLES

YEAR	MAKE AND MODEL	DO YOU OWN THIS VEHICLE?	BALANCE DUE ON AUTO LOAN	IF LEASED, NO.OF MONTHS REMAINING	REPAIR NEEDED?



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BENEVOLENCE REQUEST

LIST EACH ITEM FOR WHICH YOU ARE SEEKING ASSISTANCE

Be sure to bring copies of invoices, billing statements or written estimates

Name of Organization	Amount Requested	Payment Due Date

ADDITIONAL INFORMATION

Use this space to describe your situation in more detail or to share additional information.

You may attach an additional sheet should you need more space.

REFERENCES

Who referred you to the Bethlehem Church Benevolence Committee?

Name: _____ Relationship: _____ Phone: _____

Please supply the names of individuals (other than family) willing to serve as your personal reference:

Name: _____ Relationship: _____ Phone: _____

Address: _____ E-mail Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ E-mail Address: _____

RELEASE

Bethlehem Church, its Staff, Elders, Agents, Employees, Members and Volunteers are hereby released, forever discharged, and held harmless from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while the applicant's request is being reviewed, approved, and/or denied. Furthermore, requester hereby agrees to hold harmless and indemnify Bethlehem Church, its Staff, Elders, Agents, Employees, Members and Volunteers for any financial liability sustained by said acts of the aforementioned Bethlehem Church parties.

INITIAL HERE _____ DATE __/__/__

I hereby authorize the release of information to Bethlehem Church to receive consideration for the assistance I am requesting. I further certify the information I have given is true and correct and that all income and expenses are reported correctly. I understand Bethlehem Church may verify all or part of the information on this application and that deliberate misrepresentation of Information is cause for denial of assistance. I give permission for Bethlehem Church Benevolence Committee members to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

INITIAL HERE _____ DATE __/__/__

CONFIRMATION

I hereby confirm the information provided on the following pages is accurate to the best of my knowledge, and the benevolence committee has my permission to verify any information contained in this application.

Applicant's Signature _____ Date _____

Printed Name: _____