

# BENEVOLENCE REQUEST - APPLICATION

**REQUEST SHOULD BE SUBMITTED SEVEN (7) DAYS IN ADVANCE OF DESIRED DATE**

PLEASE PRINT CLEARLY

Application Date: \_\_\_\_\_ Deacon's Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Hopewell Member?  Yes  No

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Marital Status:  Single  Married  Divorced  Separated  Widow

Spouse Name (if married): \_\_\_\_\_

List all persons in household, relationship and age:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Work, School, Other (list)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EMPLOYMENT INFORMATION

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Current Position: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_

Name of Spouse Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Current Position: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_  Weekly  Monthly  Annually  Other

### REFERENCE (not living in the same house, not a relative)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**TYPE OF ASSISTANCE**

- Food                       Clothing                       Shelter                       Rent/Mortgage                       Utilities
- Medication                       Transient                       Other: \_\_\_\_\_

Please explain the circumstances which brought about this need.

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Would you like financial counseling?  Yes  No      Total Amount Requested: \$ \_\_\_\_\_

**When requesting bill payment, copy of bill must be attached to request application.**

#1 Company Name: _____	
Address _____	
City/State/Zip _____	
Telephone Number: _____	Bill attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Amount Due: \$ _____	Amount Requested: \$ _____

#2 Company Name: _____	
Address _____	
City/State/Zip _____	
Telephone Number: _____	Bill attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Amount Due: \$ _____	Amount Requested: \$ _____

#3 Company Name: _____	
Address _____	
City/State/Zip _____	
Telephone Number: _____	Bill attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Amount Due: \$ _____	Amount Requested: \$ _____

Have you been helped previously by Hopewell?  Yes  No

If yes, what kind of assistance did you receive and when?

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Are you a member of another church?  Yes  No      If yes, list church information.

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

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

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

Telephone Number: \_\_\_\_\_      Pastor's Name: \_\_\_\_\_

How did you hear about this church?  Friend       Other (explain below)

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I understand any assistance from Hopewell will be given based upon the verification of information given on pages 1 and 2 of this form. I understand the truthfulness as well as the verification of an emergency and/or a need exists and all payments will be made payable directly to the agency/individual to whom it is due. **In addition, I understand that additional counsel from Hopewell or another agency may be recommended instead of assistance given.**

I understand Hopewell has a benevolent policy of:

**Hopewell Members:**

- The Benevolence Request Application Form must be fully completed prior to submitting to the Deacon’s Ministry.
- There is a \$300.00 per request with a \$500.00 per year limit on disbursement per household and/or family.

**Hopewell Non Member:**

- The Benevolence Request Application Form must be fully completed prior to submitting to Church Staff.
- There is a \$100.00 per request with a \$250.00 per year limit on disbursement per household and/or family.

If the request is \$300.00 or less, the approval or disapproval of this application is contingent upon the Finance Ministry, the Deacon’s Ministry and the Assistant Administrator. When more than \$300.00, general approval is required; however contingent upon Senior Pastor’s approval or disapproval.

I have carefully read this application form and to the best of my knowledge and belief, the information submitted is true and accurate I further certify that I understand and agree to the conditions of the Hopewell Finance Ministry regarding benevolence assistance.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HOPEWELL USE ONLY	
Investigating Deacon: _____	Date Received: _____
Comment: _____	
Deacon’s Signature: _____	
Administration Staff: _____	Date Received: _____
<input type="checkbox"/> Disapproved: Reason: _____	
<input type="checkbox"/> Approved: Approved By: _____ Date: _____	
Check #: _____ Date: _____ Mailed to address on statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comment: _____	
Administration Signature: _____	
Date: _____	