city church presbyterian benevolence application

**Please read this page carefully before completing the application.**

City Church Presbyterian members, regular attendees and friends of City Church may apply for financial assistance through our Benevolence Ministry. All needs will be carefully considered by the Benevolence Team; however, members and regular attendees will be given priority for assistance.

While it is our sincere desire to provide financial assistance to all who ask, we may be unable to meet long-term financial needs. Our hope is to move an applicant into a financially independent situation as soon as possible.

Upon completion of the Benevolence application, please return it to City Church’s office at 600 Wyndhurst Avenue Suite 103 Baltimore, MD, 21210, mail it to City Church at P.O. Box 16335, Baltimore, MD 21210 or scan and email it to [Patrick@citychurchbaltimore.org](mailto:Patrick@citychurchbaltimore.org).

Once City Church has received your application, it will be reviewed and information will be verified. If the applicant meets City Church’s guidelines, the Benevolence Team will contact the applicant to schedule an interview appointment. *(If married, both applicants are expected to attend this interview).*

Once an interview is scheduled with the Benevolence Team, the applicant must do the following:

* Arrive at the interview at the appointed time.
* Bring to the interview only copies of bills invoices, eviction notices, paychecks and other documentation that may assist the Benevolence Team in accurately understanding your financial situation. If financial assistance is requested, bills must be in the individual’s name requesting assistance. If funds are approved and available, checks will be payable only to the service provider to whom the bills are owed. Checks will not be made payable to the applicant.
* Assistance may be contingent upon compliance with recommendations made by the committee (budget accountability, counseling, etc.)

All information provided on this application will be kept as private as possible, so please be as honest as possible in responding to questions. Our goal is to provide compassionate assistance according to our guidelines and available resources. The Benevolence process may take up to two weeks. Failure to bring required documents could delay the process. Filling out this application and/or an interview with the Benevolence Team does not guarantee that monetary assistance will be provided.

**Please keep this page of the application for your information.**

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| --- |
| **Today’s date:** |
| **Name(s):** |
| **Address:** |
| **City: State: Zip Code:** |
| **County: E-mail Address:** |
| **Home Phone: Work phone: Cell Phone:** |
| **Married ( ) Single ( ) Separated ( ) Divorced ( ) Widow/Widower ( )** |
| **Applicant’s Social Security # (non-members only):** |
| **Spouse/Roommate name:** |
| **Spouse/Roommate Social Security # (non-members only):** |
| **Length of Residency at current address:** |
| **Who referred you to City Church?** |
| **Have you or anyone in your household been assisted by City Church?** |
| **If yes, when was the assistance provided?** |

**Church Affiliation**

|  |
| --- |
| **Are you a: City Church member ( ) Regular attendee ( ) Visitor of City Church ( ) Other ( )** |
| **If a visitor, when was the last time you attended?** |
| **Are you involved in community group with City Church?**  **If yes, which ones?** |
| **Is there anyone at City Church who knows your situation? If yes, who?** |
| **May we contact them? (Provide contact information)** |
| **Do you have a church home other then City Church? If yes, where?** |

**In order to determine how and/or if we can be of assistance, please complete the following questions: (Use back of page if necessary)**

|  |
| --- |
| **What is your need today and what specific help are you requesting?** |
|  |
| **What is the crisis or situation that has caused you to ask for assistance?** |
|  |
| **If assisted by City Church, how will you pay for next month’s rent/utilities, etc?** |
|  |
| **Have you filed for bankruptcy before? Please provide details and circumstances:** |
|  |

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| --- |
| **Have you been assisted by any other church/agency/organization? If yes, provide name and assistance received. Please list all churches/organizations/agencies you have contacted for assistance. Please specify the provider, contact person, and phone number for each. (Use back of page if necessary)** |
| **1.** |
| **2.** |
| **3.** |

**List all persons living at the address listed on Page 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First/Last Name** | **Sex** | **Age** | **Grade** | **Employment/School** | **Relationship to Applicant** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Employment History:**

|  |
| --- |
| **Is anyone in your household including yourself unemployed due to a disability?** |
|  |
| **Are you/they receiving disability benefits?** |

**Please list your present/past employment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Place of Employment** | **Dates of Employment** | **Duties** | **Reason for Leaving** |
| **Current** |  |  |  |  |
| **Current** |  |  |  |  |
| **Past** |  |  |  |  |
| **Past** |  |  |  |  |

**Please list your spouse’s/roommate’s present/past employment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Place of Employment** | **Dates of Employment** | **Duties** | **Reason for Leaving** |
| **Current** |  |  |  |  |
| **Current** |  |  |  |  |
| **Past** |  |  |  |  |
| **Past** |  |  |  |  |

**Total Household Income/Monthly Expense Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Income** | **Frequency**  **(Every 2 weeks, 2x/month, etc.)** | **Amount** | **Expenses** | **Amount** | **Past Due Amount** |
| **Wage 1(Name)** |  |  | **Housing** |  |  |
| **Wage 2 (name)** |  |  | **Electric** |  |  |
| **Social Security** |  |  | **Gas** |  |  |
| **Disability** |  |  | **Water** |  |  |
| **Veteran’s Disability** |  |  | **Phone** |  |  |
| **Retirement** |  |  | **Cell** |  |  |
| **Food Stamps** |  |  | **Car Payment 1** |  |  |
| **Family** |  |  | **Car Payment 2** |  |  |
| **Friends** |  |  | **Gasoline** |  |  |
| **Unemployment** |  |  | **Auto Insurance** |  |  |
| **Workers Comp** |  |  | **Home Insurance** |  |  |
| **Child Support** |  |  | **Groceries** |  |  |
| **Other Agencies** |  |  | **School Lunches** |  |  |
| **Any other Income** |  |  | **Medical** |  |  |
| **Checking Acct Balance** |  |  | **Child Care** |  |  |
| **Savings Acct Balance** |  |  | **Child Support** |  |  |
| **Tips** |  |  | **Loans**  **(explain purpose)** |  |  |
|  |  |  | **Credit Cards** |  |  |
|  |  |  | **Club Memberships** |  |  |
|  |  |  | **Others (Explain)** |  |  |
| **\*Model and year of cars** |  |  | **Is the car yours?**  **Balance owed ?** |  |  |
| **TOTAL INCOME** |  |  | **TOTAL EXPENSES** |  |  |

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| --- |
| **Mortgage Company:** |
| **Address:** |
| **City, State, Zip** |
| **Phone #** |

|  |
| --- |
| **Landlord/Apartment Name:** |
| **Address:** |
| **City, State, Zip** |
| **Phone #** |

***If you are assisted by Benevolence, please consider a financial contribution when you are able. This ensures that others can be helped when the need arises.***

**Release of Information**

I hereby authorize the release of information to City Church Presbyterian to receive the assistance I am requesting. I further certify that the information I have stated in this application is true and correct and that all income is reported. I understand that City Church may verify the information on the application and that deliberate misrepresentation of information may subject me to the denial of assistance/services

I give permission for City Church to discuss my case with other agencies, businesses, churches, attorneys, individuals and any others deemed necessary to verify all information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies above in regard to the Release of Information.

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Signature Date

|  |  |
| --- | --- |
| **OFFICE USE ONLY:** |  |
| **Member status** |  |
| **Date Received** |  |
| **Organizational Involvement** |  |