

Fellowship Dallas Benevolence Application

From time to time, many people face a difficult financial hardship. The Fellowship Dallas Benevolence Team wants to provide support and financial resources to those who, through various situations, are in a time of **severe financial emergency**. We know that sometimes life sends us unexpected times of crisis such as **divorce, job loss, death in the family, or illness**. The purpose of the Fellowship Dallas Benevolence Team is primarily to meet a one-time only, unless in extenuating circumstances, unusual or unexpected short-term financial need of members of the Fellowship Dallas body that cannot otherwise be met, and to walk with members by offering care, love and financial or practical knowledge and wisdom on a short-term basis. If you have any questions at any time, please contact the Care Network Director, Ali Congrove, at (972) 852-4171 or care@fellowshipdallas.org.

Process Steps:

1. In order to be considered, please check that you meet the requirements listed on the Benevolence Guidelines Document. If you do, sign it.
2. Complete the Benevolence Application as thoroughly as possible. You can drop it off in person, email it to the Care Network Director, Ali Congrove, or fax it in. Our fax number is (214) 739-1147. Because faxing is not the norm, please follow-up your fax with a call or email to alert the office. The email is care@fellowshipdallas.org and the phone is (972) 852-4171.
3. After receiving your application, we will check your references and then find a member(s) of the Benevolence Team to meet with you.
4. Someone will contact you re: scheduling a meeting with the team to discuss your need(s).
5. After the meeting, the team will discuss next steps and let you know how we are able to support you at this time.

Thank you for taking the time to fill this out thoughtfully and completely.

Fellowship Benevolence Guidelines

Please read carefully before completing and submitting this Application

- 1. Financial assistance is for the people within the Fellowship Dallas church body ONLY.** Potential recipients must be members and involved in a Fellowship Dallas ministry for a period of time.
- 2. The purpose of this ministry is to provide financial assistance to meet basic necessities.** (Food, immediate lodging, utilities, or urgent medical need)
- 3. If approved, the checks will only be written directly to a provider.** (Landlord, utility co., etc.)
- 4. The Benevolence Team will review requests for financial assistance on a weekly basis.** (Incomplete applications will be returned to the applicant)
- 5. Financial assistance is seen as a one-time gift.**
- 6. Financial aid is a gift and not a loan.** A recipient is not obligated to return or 'pay back' any financial assistance provided. A recipient may donate money to the Benevolence fund at some later date if he/she desires.
- 7. Potential recipients should expect to receive financial counseling.** If the Benevolence Team determines that a personal problem is involved in the financial crisis, counseling may be recommended.
- 8. The Benevolence Team has the right to refuse financial assistance to anyone who, in his or her estimation, will have negative or irresponsible behavior reinforced by a financial gift.**

I, the undersigned, have read and agree with the Fellowship Dallas Benevolence Guidelines before completing this application. I also understand that the Benevolence Team will hold all information with the utmost of confidentiality.

X _____

**Fellowship Bible Church Dallas
Benevolence Application**

The purpose of the **Fellowship Dallas Benevolence Ministry** is primarily to meet a one-time only, unusual or unexpected short-term financial need of members of the Fellowship Dallas body that cannot otherwise be met, and to walk with members by offering care, love and financial or practical knowledge and wisdom on a short-term basis.

Date: _____

Name: _____

Age: _____

Telephone: Home _____ Work _____ Cell _____

Address: _____ City _____ Zip: _____

Email Address: _____

Names and Ages of others in your home:

Rent/Own How Long? _____

Who referred you? _____

Length of time attending Fellowship: _____

Church Involvement/ministry/groups: _____

Whom do you know at the church that we could use as a reference?

1. _____
2. _____
3. _____

EMPLOYMENT

Profession/Training/Education/Certification: _____

Are you or your spouse unemployed? _____

Since when? _____

If so, why? _____

Applied for Unemployment benefits (when)?

If so how much are you receiving and how long?

If you are not employed, how many interviews have you had in the last 6 months?

What else have you done to seek employment?

Most Recent Employer: _____ Dates: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____ Supervisor: _____
 Previous Employer: _____ Dates: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____ Supervisor: _____

HEALTH INFORMATION

Do you have any health issues? _____

Any Medications? _____

FINANCIAL INFORMATION

Debt Status (Delinquencies, legal action filed, etc.):

Are you receiving financial help now? _____

If so, from whom and how much?

Monthly Income

Monthly Salary \$ _____ (After Tax)
 Spouse's Salary \$ _____
 Food Stamps \$ _____
 Unemployment \$ _____
 Child Support \$ _____
 Other Income \$ _____ (Source)
 Other Income \$ _____ (Source)
 Total Income \$ _____

Current Assets

Checking Account Balance \$ _____
 Savings Account Balance \$ _____
 CD's, Stocks, etc. \$ _____
 IRA, 401K \$ _____
 Total Assets \$ _____

Monthly Financial Obligations (Outflow)

Food/Toiletries	\$ _____	Car Payment 1	\$ _____	Entertainment	\$ _____
Rent/Mortgage	\$ _____	Car Payment 2	\$ _____	Tobacco, etc.	\$ _____
Electricity	\$ _____	Auto Insurance	\$ _____	Other	\$ _____
Gas	\$ _____	Gasoline/Fuel	\$ _____	Other	\$ _____
Water	\$ _____	DART	\$ _____	Total Debt Payments	\$ _____
Phone	\$ _____	Health Insurance	\$ _____	(worksheet below)	\$ _____
Cable TV	\$ _____	Life Insurance	\$ _____		
Internet	\$ _____	Medications	\$ _____		
Security System	\$ _____	Child Care	\$ _____	Total Monthly	
Lawn Care	\$ _____	Child Support	\$ _____	Expenses	\$ _____
Property Taxes	\$ _____	Clothing	\$ _____		

Debt (Credit Cards, Pay Day Loans, Store Credit, Medical Bills, Personal Loan)

<u>Name</u>	<u>Month Due</u>	<u>Balance</u>	<u>Monthly Payment</u>
1. _____		\$ _____	\$ _____
2. _____		\$ _____	\$ _____
3. _____		\$ _____	\$ _____
4. _____		\$ _____	\$ _____
5. _____		\$ _____	\$ _____
6. _____		\$ _____	\$ _____
7. _____		\$ _____	\$ _____
8. _____		\$ _____	\$ _____
	Total Balance	\$ _____	\$ _____

Any other information we should be aware of:

FOR OFFICE USE ONLY

Date Recv'd:

Data Base:

Log:

Recommendation in File: