

The Care (Benevolence) Application

I hereby confirm that the information provided on the following pages is accurate to the best of my knowledge. I also give my permission for a release of any and all information pertaining to this application.

Name _____

Signed _____ Date _____

The Care Team at Constance Free Church is committed to supporting and encouraging regular attenders as well as individuals and families from the community in times of need. The goal is to not only help with financial needs but to also provide restoration and resources to influence positive outcomes.

The following application must be complete before we are able to consider your request. The Care Team meets weekly to review applications. Each request requires 7-10 days for processing. The Care Team reserves the right to decline assistance without explanation.

Please note:

- Applications received without proper supporting documentation are considered incomplete and will not be processed.
- The name on the application **MUST** match the name on the bill to be paid. There will be no exceptions.

In addition to the fully completed application, please provide the following documentation. Please note that failure to provide documents, which pertain to your situation may disqualify you from receiving assistance.

- Any bill(s) that you are requesting assistance with
- Most current pay stub for each wage earner living in your home
- Most current checking and savings account statements
- Mortgage statement, lease or rent agreement
- Most current itemized electric, gas, home/cell phone bill
- Most current itemized credit card bill(s)
- Car loan statement

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Care (Benevolence) Application

Please attempt to answer all questions on this form. While we realize that many questions are personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation. As stewards of God’s resources, we are concerned with your needs.

Applicant

Tax Filing Status?

Name:

Address

Email:

Phone:

Marital Status:

Present Employer:

Address:

If unemployed, what steps are you taking to seek employment?

Spouse or Significant Other:

Name:

Present Employer:

Address:

If unemployed what steps is he/she taking to seek employment?

Members Living In Household

Name

Age

Tax Dependent ?

Additional Information

What ministry have you been involved in?

How long have you attended Constance?

List an attender at Constance who knows you:

Please fill in all information that applies to your household. Write N/A if it does not apply.

Gross Household Monthly Income: \$ _____

Source

Amount

Employment Income

Overtime Bonus, Commission

Social Assistance (SNAP, County Assistance, Social Security,
Disability, Unemployment, etc.)

Rental or Investment Income

Other (Alimony, Child Support, etc.)

Monthly Household Expenses: *(Please be as specific as possible)*

<u>Type of Debt</u>	<u>Monthly Amount</u>	<u>Remaining</u>	<u>Rate/Term</u>
Rent/Mortgage			
Auto			
Taxes			
Personal Loans			
Heat			
Electric			
Phone/Cable			
Credit Cards & Other			

Assets:

<u>Type</u>	<u>Value</u>
Bank Accounts	
Investments - Stocks/Bonds	
Property	
Life Insurance - Cash Value	
Automobile	
Personal Property	
Trust Funds	
Other	

Please list other sources of assistance that you have sought (parents, family, loans, sale of personal property, social programs, consumer credit counseling agency, creditors).

Do you understand any financial request requires financial counseling ?

Yes

No

