



Benevolence Application

Complete the ENTIRE APPLICATION TO THE BEST OF YOUR ABILITY. If you are not able to answer any of the questions in writing, please be prepared to discuss them with a member of the Benevolence Team

TELL US ABOUT YOU

DATE: _____

Name _____

Age _____

Spouse (if applicable) _____

Age _____

Marital Status: Single Separated Divorced Married Living Together

Street Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____

Work Phone _____

Cell Phone _____

Preferred Method of Contact Email Home Work Cell Doesn't Matter

Name & Ages of People Living With You (include adults and children):

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Where do you work and what is your occupation? _____

Level of Education (include any business, trade, or vocational schools you attended): _____

How long have you attended Harvest Baptist Church? _____

What groups or ministries are you involved with at HBC (please note the length of time you have been involved)?

Do you participate in a small group? Yes No

If yes, who is your small group leader? _____

CURRENT SITUATION

If yes, please explain. _____

What are your specific financial needs at this time (for example: transportation, medical bills, home repairs, inadequate food supplies, etc.)? _____

What is the cause of your financial need and how long has this need impacted you? _____

EMOTIONAL, PHYSICAL, RELATIONAL & SPIRITUAL

What has your emotional state been like lately? _____

Are there any health issues that complicate matters for you now and if so, in what ways? Yes No

Describe your most important relationships, and what have they been like lately? _____

Who are the supporters in your life right now? In what ways are they supporting you? _____

What is your spiritual life like lately? _____

Where do you see God in your current situation? _____

GROWTH AND SELF DEVELOPMENT

What are you learning about yourself through all of this? _____

What areas in your life do you think you need to learn or grow? _____

What short and long term goals do you have for yourself? _____

What plans do you have to meet these goals? _____

FINANCIAL

What have you done to resolve your financial need? _____

List organizations you have contacted in the past or are working with now: _____

Have you received financial assistance from any other churches in the last 12 months? If so please list the name of

each church and how much assistance you received. Yes No

Is your family aware of your financial need? Yes No

Are they helping or may they help meet this need? Yes No

BUDGET AND NET WORTH

On the following pages with this application is a monthly budget worksheet. This is a very helpful tool in organizing your thoughts about the way that money comes in and goes out of your household. In addition, there is a net worth worksheet that will assist you in organizing what you own (assets) and what you owe (debt) at the current moment.

Please complete both of these worksheets as completely and as accurately to the best of your ability and include these worksheets with the submission of your application. We may also ask for a copy of last year's Income Tax Return Form (Form 1040) to supplement the information on your application.

MONTHLY BUDGET WORKSHEET:

WHAT COMES IN AND HOW IT GOES OUT

DATE: _____

 Last Name First M.I.

INCOME:

A. Total Monthly Take-Home Pay:

ADDITIONAL INCOME:

Social Security/Disability	<input style="width: 100%;" type="text"/>
Retirement	<input style="width: 100%;" type="text"/>
Spouse/Child Support	<input style="width: 100%;" type="text"/>
Interest Earned	<input style="width: 100%;" type="text"/>
Unemployment	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>

B. Total Additional Income:

ASSISTANCE: Food Stamps	<input style="width: 100%;" type="text"/>
WIC	<input style="width: 100%;" type="text"/>
Medicaid	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>

C. Total Assistance:

1. TOTAL MONTHLY INCOME:
 (A+B+C)

EXPENSES:

FIXED MONTHLY EXPENSES:

SAVINGS & GIVING: Savings
 Giving

HOUSING: Mortgage/Rent
 Property Taxes
 Association Dues
 Home Maintenance
 Homeowners Insurance

COMMUNICATIONS: Cell
 Telephone
 Long Distance
 Internet

UTILITIES: Electric
 Heat
 Water/Sewer/Trash

INSURANCE: Health
 Automobile
 Life
 Other

DEBT REPAYMENT: Car#1
 Car#2
 Student Loans
 Credit Cards
 Other

2. TOTAL FIXED EXPENSES:
 (total items in column)

VARIABLE MONTHLY EXPENSES (average):

HOUSEHOLD: Groceries
 Clothing
 Household Items
 Other: _____

PERSONAL: Cosmetics
 Haircuts
 School Costs
 Other: _____

PROFESSIONAL CARE: Dental
 Medical
 Childcare
 Prescriptions
 Counseling
 Other: _____

ENTERTAINMENT: Cable
 Movies/Events
 Meals/Eating Out
 Vacation
 Hobbies
 Other: _____

OTHER: Sports/Fitness
 Liquor/Tobacco
 Gifts
 Gas
 Other: _____

3. TOTAL VARIABLE EXPENSES:
 (total items in column)

WORKSHEET SUMMARY: (Copy totals from above)

1. Total Income	<input style="width: 100%;" type="text"/>
2. Total Fixed Expenses –	<input style="width: 100%;" type="text"/>
3. Total Variable Expenses –	<input style="width: 100%;" type="text"/>
THE BOTTOM LINE =	<input style="width: 100%; height: 20px;" type="text"/>

NOTE:

Please fill out this form as completely as possible AND calculate your "BOTTOM LINE" by subtracting your total fixed and total variable expenses from your total income.

NET WORTH WORKSHEET: WHAT YOU OWN AND WHAT YOU OWE

DATE: _____

Last Name First M.I.

ASSETS (WHAT YOU OWN):

(current values)

		(current balance)
Checking Account		(current balance)
Savings Account		(current balance)
Money Market Funds		(current balance)
Certificates of Deposit		(current balance)
Mutual Funds Investment		
Stocks & Bonds		(market value)
Primary Residence		(market value)
Other Real Estate		(cash surrender value)
Insurance		
IRA's/Retirement Accounts		Year: _____ Make & Model _____
Car #1		Year: _____ Make & Model _____
Car #2		(jewelry, household items, collections, etc...)
Other Assets: _____		
		(total items in column)
TOTAL ASSETS:		

DEBT (WHAT YOU OWE):

(current balance due)

Mortgage		
Car #1 Loan		
Car #2 Loan		
Home Equity Loan		
Department Store Credit Cards (list):		

Other Credit Cards (list):		

School Loans		
Delinquent Taxes		(IRS, state, local, etc.)
Other Debt (list):		

TOTAL DEBT:		(total items in column)

WORKSHEET SUMMARY: (Copy totals from above)

	1. Total Assets	
	2. Total Debt –	
THE BOTTOM LINE =		(TOTAL ASSETS MINUS TOTAL DEBT)