

## BENEVOLENCE INFORMATION SHEET

This form and the estimated budget attached must be filled out prior to an interview with a pastor or benevolence committee member and before any help is given. Please answer every question to the best of your ability. The pastor or benevolence committee member will go over this form (including questions left blank) and answer any questions you might have. Information on this form will remain confidential, except when necessary to inform pastoral staff. Information will only be used for benevolence purposes.

Today's Date: \_\_\_\_\_

### **Personal Information**

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Previous address? \_\_\_\_\_

Are you  Married  Single  Divorced  Separated  Widowed

Name of Spouse: \_\_\_\_\_

Address of spouse, if different from above: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Children  Yes  No

Names and ages of children living at home: \_\_\_\_\_

\_\_\_\_\_

### **Church Information**

Are you a member or regular attendee at *Destiny Foursquare Church*?  Yes  No

If not, where do you regularly attend church? \_\_\_\_\_

How long have you been attending *Destiny*? \_\_\_\_\_

How did you hear about *Destiny*? \_\_\_\_\_

Do you attend a support group, class, small group, or Bible study?  Yes  No

If yes, which one? \_\_\_\_\_

Name of leader(s): \_\_\_\_\_

Are you active serving at *Destiny Foursquare Church* in any capacity?  Yes  No

Which ministry? \_\_\_\_\_

Leader: \_\_\_\_\_

**Employment**

Are you currently employed?  Yes  No

Name of employer/company: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Email \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Do you give permission to call your employer?  Yes  No

How long employed there? \_\_\_\_\_

Type of work/position? \_\_\_\_\_

Name of previous employer/company: \_\_\_\_\_

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

Supervisor's name: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Benevolence Request**

1. What kind of help do you need?

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2. Has *Destiny Foursquare Church* helped you through benevolence support before? If yes, when and for what reason?

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3. Who else have you contacted for help? (i.e. family, friends, other churches or community agencies?)

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Thank you for completing this form. Return it to the receptionist and he/she will forward it to the pastor or benevolence committee member. They will then contact you for an interview to discuss the need you have. They will also pray with you and discuss other resources such as financial or vocational counseling, classes or support groups, and other community services. *Destiny Foursquare Church* will not give cash, but may help by way of food pantry, store coupons, vouchers, help with utility bills, etc. *Destiny Foursquare Church* is not able to make loans of any kind.

**God bless**

\_\_\_ Approved \_\_\_ Amount \_\_\_ Date \_\_\_ Pastor's Initial \_\_\_ Not Approved

## Estimated Budget

### MONTHLY INCOME

<b>GROSS MONTHLY INCOME</b>	<input type="text"/>
Salary	_____
Interest	_____
Dividends	_____
Other Income	_____
<b>LESS</b>	
1. Tithe/Giving	<input type="text"/>
2. Taxes (Fed., State, FICA)	<input type="text"/>
<b>NET SPENDABLE INCOME</b>	<input type="text"/>

### MONTHLY LIVING EXPENSES

<b>3. Housing</b>	<input type="text"/>
Mortgage/Rent	_____
Insurance	_____
Property Taxes	_____
Electricity	_____
Gas	_____
Water	_____
Sanitation	_____
Telephone	_____
Maintenance	_____
Cable TV	_____
Other	_____
<b>4. Food</b>	<input type="text"/>
<b>5. Transportation</b>	<input type="text"/>
Payments	_____
Gas & Oil	_____
Insurance	_____
License/Taxes	_____
Maint./Repair/Replace	_____
Other	_____
<b>6. Insurance</b>	<input type="text"/>
Life	_____
Health	_____
Other	_____
<b>7. Debts</b>	<input type="text"/>

<b>8. Entertainment/Recreation</b>	<input type="text"/>
Eating Out	_____
Baby-sitters	_____
Activities/Trips	_____
Vacation	_____
Pets	_____
Other	_____

<b>9. Clothing</b>	<input type="text"/>
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<b>10. Savings</b>	<input type="text"/>
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<b>11. Medical Expenses</b>	<input type="text"/>
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Doctor	_____
Dentist	_____
Prescriptions	_____
Other	_____

<b>12. Miscellaneous</b>	<input type="text"/>
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Toiletries/Cosmetics	_____
Beauty/Barber	_____
Laundry/Cleaning	_____
Allowances	_____
Subscriptions	_____
Gifts (incl. Christmas)	_____
Cash	_____
Other	_____

<b>13. Investments</b>	<input type="text"/>
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<b>14. School/Child Care</b>	<input type="text"/>
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Tuition	_____
Materials	_____
Transportation	_____
Day Care	_____

<b>TOTAL LIVING EXPENSES</b>	<input type="text"/>
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### INCOME VS. LIVING EXPENSES

<b>NET SPENDABLE INCOME</b>	<input type="text"/>
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<b>LESS TOTAL LIVING EXPENSES</b>	<input type="text"/>
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<b>SURPLUS OR DEFICIT</b>	<input type="text"/>
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(Except auto & house payment; see page 25.)