

## Pilgrim Rest Baptist Church Benevolence Application

Please note that applicants must complete their applications no later than **Tuesday at 4:30 PM**, and acknowledge that they do so without any guarantee or implied guarantee that Pilgrim Rest will grant the desired request. Please complete the application in its entirety. Failure to complete the application will result in the rejection of the request. **Please note that the maximum benevolence gift is up to \$500.00.** In addition, **we will not issue a check in the name of any individual under any circumstances.**

*I have read and understand the aforementioned statement. Please initial here.* \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s) Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

Employment Status: Employed  Terminated  Laid-off  Resigned  Disabled

If employed, company name: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Marital Status: Married  Single  Divorced  Separated  Widowed  Living-together

If married, spouse's name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

### HOUSEHOLD INFORMATION

Number of children in the home: \_\_\_\_\_ Ages: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Adults in the home: \_\_\_\_\_

### MEMBERSHIP INFORMATION

When did you unite with Pilgrim Rest? \_\_\_\_/\_\_\_\_/\_\_\_\_ PRBC Member? Yes  No

Please list any ministries in which you currently serve. \_\_\_\_\_ Is your spouse a member? Yes  No

How long and in what capacity are you serving? How long: \_\_\_\_\_

Capacity: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### TYPE OF ASSISTANCE

Rental  Utility  Other  \_\_\_\_\_

Bus Pass  Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Bus Pass # \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Copies forwarded to Family Services  Yes  No

Completed by Staff Initials: \_\_\_\_\_

**FINANCIAL INFORMATION**

Who is working in your home and what is their monthly income?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Do you make less than \$23,540.00 annually?  Yes  No

What is your hourly rate of pay? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Do you receive: Child Support  TANF  Food Stamps  Unemployment  SS or Disability

If so, please give the amounts and /or cash values. \$ \_\_\_\_\_ \$ \_\_\_\_\_

Have you received previous assistance from PR? Yes  No  If yes, when? 6 months  12 months

**AMOUNT REQUESTED**

What is the total amount of assistance needed? \$ \_\_\_\_\_ Please briefly explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the entity to which we might issue a check. Please include the amount and a copy of the billing statement to substantiate the amount you are requesting. *(Please note that we assist with rent and utilities only.)*

Name of Creditor(s) Amount Due Date  
\_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Creditor's Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Creditor(s) \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Creditor's Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

**I understand that the Pilgrim Rest provides financial assistance to individuals who are in crisis situations. I certify that the statements on this application are accurate and understand that any incorrect statements will result in the automatic denial of my request.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_