

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 ☐

Is your spouse a member? Yes ☐ No ☐

Please list any ministries in which you currently serve. _____

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: \$ _____

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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.*)

<u>Name of Creditor(s)</u>	<u>Amount</u>	<u>Due Date</u>
_____	_____	_____/_____/20____

Creditor's Phone Number () _____ - _____

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_____	_____	_____/_____/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____