Experience
CHRISTIAN CHURCH

Benevolence Assistance Request Form

We are grateful for the opportunity to walk alongside you. Our desire is to support individuals and families with compassion and care. Kindly complete the information below so we can better understand your circumstances.

Applicant Information

Name: _____

Phone: _____ Email: _____

Address: _____

Preferred Method of Contact: ❑ Phone ❑ Text ❑ Email

Type of Assistance Requested:

- Rent or Housing Support
- Utility Support (Electric, Gas, Water)
- Groceries/Food Assistance
- Transportation Assistance (Bus Pass, Gas Card, etc.)
- Emotional or Spiritual Support
- Meeting with a Pastor or Benevolence Team Member
- Other Needs:_____

Amount Requested: _____ **Total Amount Due:** _____

Due Date (if applicable): _____

Household and Employment

We ask a few questions about finances simply to understand your situation more clearly and determine how we can best support you. Please answer as you are able.

Household Members (Names and Ages):

_____

_____

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Employment / Income Source: _____

Monthly Income: _____ **Monthly Expenses:** _____

Name and Address of Landlord or Mortgage Company:

_____

Brief Description of Situation

Please share a little about what is happening and how we can help:

_____

_____

_____

_____

_____

Spiritual / Personal Care

We care not only about practical needs but also your well-being.

Are you currently connected to a faith community? ❑ Yes ❑ No

Would you like prayer or pastoral support? ❑ Yes ❑ No

Supporting Documents

Please include copies of bills, statements, or other documentation as your situation necessitates.

Have you received care or support from ECC before?

- Yes

  If yes, when and what type of support?

  _____

- No

Requester's Signature: _____ Date: _____

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For ECC Use Only

Date Received: _____

Reviewed By: 1. _____

2. _____

3. _____

Decision / Notes:

- Approved
- Partially Approved
- Not Approved
- Referred to Outside Resources

Comments and Other Details:

_____

_____

_____

_____

Approved Support Amount: _____

Next Steps / Follow-Up Care:

_____

_____

_____

_____

Approval Signatures

Lead Pastor: _____ Date: _____

Ministry Operations Coordinator: _____ Date: _____

Benevolence Review Team Representative: _____ Date:_____