



New Community Christian Church

Benevolent Application & Guidelines

New Community Christian Church’s (“the Church”) calling is to “love people where they are, while showing them the truth of Jesus.” We value Unconditional Love, and Genuine Community, and intend to live these values by serving and giving generously, as individuals, and as a Church.

In keeping with our Mission, Values, and Measures, Leadership has committed to annual benevolent giving at or above 10% of our donation revenue. In order to achieve this goal, the Church has established a Benevolent Fund, which seeks to be a source of support to those in need. The Benevolent Fund is intended to assist in circumstances including, but not limited to, medical hardships, food shortages, child endangerment, or other serious financial hardships.

The Church works closely with We Care of Grundy County. In order to receive assistance from the Church, we require that you first attempt to obtain assistance from We Care. This requirement is not intended to discourage application, but to allow the Church to be better equipped to evaluate your current situation and determine how best to help you.

Application:

Please complete the attached application in its entirety, and return it to the Church office. Please also attach copies of supporting documentation (ex: invoices, utility bills, etc).

Please allow up to two weeks for review. We will contact you via phone or email once the application has been processed.

Interview:

Applicants may be asked for an interview before a final decision is made. The Church reserves the right to request additional information or documentation to verify eligibility for assistance. If requested, this should be provided at the time of the interview.

Payment:

In no case will payment be made directly to the applicant. Approved applications will be satisfied as follows:

- Utility or other bills will be paid directly to the vendor.
- Rent or mortgage assistance will be paid directly to the lessor or the mortgaging company.
- Food, gas, or transportation assistance will be paid in the form of gift cards or certificates to local businesses as applicable.

Limitations:

All requests are considered on a first-come, first-served basis as funds are available. In case of a shortage of funds, priority is given to current Church members and regular attendees.

Assistance for an individual is at the discretion of the Benevolence Team, and is generally limited within any 12-month window as follows:

Applicant	Frequency	Total Amount
Church Members	3	\$1,500
Church Attendee	2	\$1,000
Non-member/attender	1	\$500

New Community Christian Church Benevolent Fund Application

APPLICATION
DATE: _____

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ PHONE: _____ EMAIL: _____

STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOW(ER)

SPOUSE'S NAME: _____

NUMBER OF CHILDREN: _____ AGES: _____

EMPLOYMENT INFORMATION

EMPLOYMENT
STATUS: _____

EMPLOYER: _____

SPOUSE'S
EMPLOYMENT
STATUS: _____

SPOUSE'S
EMPLOYER _____

CHURCH INFORMATION

ARE YOU A MEMBER OF NEW COMMUNITY CHRISTIAN CHURCH? YES NO

IF NOT, DO YOU REGULARLY ATTEND NEW COMMUNITY CHRISTIAN CHURCH? YES NO

IF NOT, HOW DID YOU HEAR ABOUT NEW COMMUNITY CHRISTIAN CHURCH?

RELATIVE FRIEND WEBSITE AGENCY OTHER

IF OTHER, PLEASE DESCRIBE: _____

DO YOU KNOW ANYONE WHO ATTENDS NEW COMMUNITY CHRISTIAN CHURCH? YES NO

IF SO, WHOM? _____ PHONE: _____

DO YOU REGULARLY ATTEND ANOTHER CHURCH? YES NO

HOME CHURCH: _____ PHONE: _____

CHURCH ADDRESS: _____ PASTOR: _____

New Community Christian Church

Benevolent Fund Application

APPLICATION INFORMATION

PLEASE DESCRIBE THE NEED YOU ARE REQUESTING ASSISTANCE FOR. ATTACH A COPY OF THE BILL TO BE PAID, IF APPLICABLE.

AMOUNT: \$ _____ DEADLINE: _____

PAYABLE TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____

PHONE: _____ ACCOUNT #: _____ TOTAL DUE: \$ _____

PLEASE DESCRIBE THE CIRCUMSTANCES THAT BROUGHT ABOUT THIS NEED.

WHO ELSE HAVE YOU CONTACTED TO ASSIST WITH THIS NEED?

HOW WERE THEY ABLE TO ASSIST YOU?

DATE: _____ AMOUNT: \$ _____

ARE ANY OTHER SOURCES WILLING TO ASSIST WITH THIS NEED?

PHONE: _____ ACCOUNT #: _____ TOTAL DUE: \$ _____

PHONE: _____ ACCOUNT #: _____ TOTAL DUE: \$ _____

PHONE: _____ ACCOUNT #: _____ TOTAL DUE: \$ _____

HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM NEW COMMUNITY?

YES NO

FOR: _____ DATE: _____ AMOUNT \$ _____

New Community Christian Church Benevolent Fund Application

REFERENCES

PLEASE LIST TWO PERSONAL REFERENCES:

NAME: _____

RELATIONSHIP: _____

PHONE: _____

NAME: _____

RELATIONSHIP: _____

PHONE: _____

FINANCIAL INFORMATION

HOUSING
STATUS:

OWN

RENT

OTHER

IF OTHER,
DESCRIBE:

DO YOU CURRENTLY HAVE A HOUSEHOLD BUDGET?

YES

NO

DO YOU HAVE ADEQUATE INCOME TO SUPPORT THE BUDGET?

YES

NO

PLEASE DESCRIBE YOUR PLANS TO ADDRESS THIS NEED GOING FORWARD.

ARE YOU INTERESTED IN FINANCIAL COUNSELING?

YES

NO

PLEASE COMPLETE THE ATTACHED PERSONAL FINANCIAL STATEMENT.

OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____

WAS THE WE CARE CONTACT VERIFIED?

YES

NO

CONTACT NAME: _____

DATE: _____

WAS APPLICATION APPROVED BY BENEVOLENCE TEAM?

YES

NO

DATE: _____

AMOUNT: \$ _____

COMMENTS: _____

New Community Christian Church

Benevolent Fund Application

PERSONAL FINANCIAL STATEMENT

BALANCE SHEET	
<i>ASSETS (CURRENT VALUE)</i>	

CASH	\$ _____
CHECKING ACCOUNT(S)	_____
SAVINGS ACCOUNT(S)	_____
OTHER BANK OR INVESTMENT ACCOUNT(S)	_____
LIFE INSURANCE (CASH VALUE)	_____
RETIREMENT ACCOUNT(S)	_____
HOME (MARKET VALUE)	_____
VEHICLE(S) - MARKET VALUE	_____
YEAR: _____ MAKE: _____	_____
YEAR: _____ MAKE: _____	_____
OTHER PROPERTY:	
DESCRIPTION: _____	_____
DESCRIPTION: _____	_____
DESCRIPTION: _____	_____
TOTAL ASSETS	\$ _____

<i>DEBT (TOTAL CURRENT BALANCES)</i>	
--------------------------------------	--

MORTGAGE	\$ _____
HOME EQUITY LOAN	_____
UNPAID PROPERTY TAXES	_____
CREDIT CARD BALANCES	
CARD TYPE: _____	_____
CARD TYPE: _____	_____
CARD TYPE: _____	_____
CASH ADVANCE LOANS	_____
FURNITURE / APPLIANCE LOANS	_____
VEHICLE LOANS	
YEAR: _____ MAKE: _____	_____
YEAR: _____ MAKE: _____	_____
UNPAID CAR INSURANCE	_____
STUDENT LOANS	_____
OTHER LOANS	
DESCRIPTION: _____	_____
DESCRIPTION: _____	_____
DESCRIPTION: _____	_____
TOTAL LIABILITIES	\$ _____

MONTHLY INCOME STATEMENT	
<i>MONTHLY INCOME</i>	

INCOME FROM APPLICANT'S JOB	\$ _____
INCOME FROM SPOUSE'S JOB	_____
CHILD SUPPORT	_____
RETIREMENT INCOME	_____
SOCIAL SECURITY	_____
DISABILITY BENEFITS	_____
FOOD STAMPS	_____
VETERANS ASSISTANCE	_____
UNEMPLOYMENT	_____
INVESTMENT INCOME	_____
OTHER INCOME:	
DESCRIPTION: _____	_____
DESCRIPTION: _____	_____
DESCRIPTION: _____	_____
TOTAL MONTHLY INCOME	\$ _____

<i>MONTHLY EXPENSES</i>	
-------------------------	--

HOUSING PAYMENT	\$ _____
HOME / RENTAL INSURANCE	_____
AUTO INSURANCE	_____
ELECTRICITY	_____
GAS	_____
WATER/SEWER	_____
TELEPHONE	_____
INTERNET	_____
TELEVISION	_____
CHILD CARE	_____
CHILD SUPPORT	_____
MEDICAL OR OTHER INSURANCE	_____
DEBT PAYMENTS:	
CREDIT CARDS	_____
CASH ADVANCE LOANS	_____
FURNITURE LOANS	_____
VEHICLE LOANS	_____
OTHER EXPENSE: _____	_____
TOTAL MONTHLY EXPENSE	\$ _____