

Office use only:  
Date Rec'd \_\_\_\_\_  
Rec'd by \_\_\_\_\_

**Benevolence Intake Form**

\_\_\_ Drop-In \_\_\_ Phone-In Initial

Contact Date: \_\_\_\_\_

**PERSONAL INFORMATION**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**CHURCH INFORMATION**

Are you a member of LWC? \_\_\_ Yes \_\_\_ No How long? \_\_\_\_\_

Do you currently attend LWC church on a regular basis? \_\_\_ Yes \_\_\_ No

What Ministry are you connected to? \_\_\_\_\_

Are you tithing? \_\_\_ Yes \_\_\_ No Do you give regularly to this ministry? \_\_\_ Yes \_\_\_ No

**FAMILY INFORMATION**

\_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Single \_\_\_ Separated

If Married: Spouse Name? \_\_\_\_\_

Do you have children? \_\_\_ Yes \_\_\_ No

If yes: What are the names and ages of your children?

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

Are you presently providing financial support for your spouse and family? \_\_\_ Yes \_\_\_ No

If no: How are your family's physical needs being met? \_\_\_\_\_

Have you ever received assistance from LWC? \_\_\_ Yes \_\_\_ No

**EMPLOYMENT INFORMATION**

Are you presently employed? \_\_\_ Yes \_\_\_ No

**If yes:**

What is the name of your current employer? \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part-Time \_\_\_ Self-Employed

How many hours do you work per week? \_\_\_\_\_

**If no:**

\_\_\_ Unemployed \_\_\_ Retired \_\_\_ Disability

How long have you been unemployed? \_\_\_\_\_

Name of Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_

When did you work there? \_\_\_\_\_

What did you do? \_\_\_\_\_

**INCOME INFORMATION**

*Please indicate source and amount received per month*

Employment (1) \$ \_\_\_\_\_ Employment (2) \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

AFDC/TANF \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_ HUD Housing \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

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**NEED REQUEST**

Please state the cause or nature of your current hardship? \_\_\_\_\_

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

What steps are you taking to remedy this situation?

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

Have you sought help from any other churches or social agencies? \_\_\_ Yes \_\_\_ No

If yes: briefly explain \_\_\_\_\_

\_\_\_\_\_

Type of assistance requested (Bill/Statement must be attached)

Debt Company Amount

Mortgage/Rent \_\_\_\_\_

Utility - Electricity \_\_\_\_\_

Utility - Gas \_\_\_\_\_

Utility - Water \_\_\_\_\_

Automobile Payment \_\_\_\_\_

Automobile Repairs \_\_\_\_\_

Auto other (bus pass) \_\_\_\_\_

**NOTICE TO REQUESTER**

Please attach copies of the following to this application prior to submission.

1. Monthly expenses (Monthly Budget Worksheet will be provided upon request)
2. Statements/bills for which you are requesting assistance

This benevolence form is not a contract for assistance, nor is it a guaranty of assistance from LWC. Your signature below indicates that you understand the following;

1. The Benevolence Committee will refer you to outside/appropriate agencies (e.g. Unemployment Office, Welfare Department, etc.)
2. The Benevolence Committee reserves the right to follow up on any information provided to the Committee. The Committee will be sensitive to confidential information.
3. The Benevolence Committee will hold you accountable for taking steps to remedy this situation.
4. Assistance is intended to be a gift. However, under no circumstances is a gift from LWC to be considered a loan. No gift may be repaid, either in part or in full, in money or labor.

\_\_\_\_\_

Signature of Requester Date

\_\_\_\_\_

Spouse Signature Date

OFFICE USE ONLY

**Committee Recommendation**

Date Notes

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**Care Plan**

Is applicant willing to participate in financial or personal ministry?  Yes  No

Is applicant willing to be held accountable for a plan of care?  Yes  No

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**Committee Action**

Approved Denied Signatures

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**Summary of Assistance Rendered**

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Signature of Primary Worker Printed Name