**Benevolence Policy**

Our benevolence policy is to assist those who are unable to meet their basic needs due to a loss or reduction in income. Basic needs generally include food, clothing, shelter and medical attention. The benevolence request form contains personal, but pertinent questions that may or may not qualify a person for assistance. All information is kept completely confidential. The Benevolence Committee will meet to discuss the application. The applicant will be notified within 48 hours or as soon as a decision is reached. All decisions are to be kept confidential.

Qualifications for benevolence:

1. Regular attendance for six consecutive months.
2. Completed membership class.
3. Regular tither.
4. Members and those outside SOLC may use the food pantry.

This application in no way assures approval of a benevolence request and must be signed confirming the applicant understands the above.

All applicants who are approved for assistance will be required to attend a teaching/counseling session. Failure to do this would eliminate them from further assistance. It is very important that we help those receiving benevolence in any financial understanding they may need.

Requesting employment verification may be needed with the application if asking for assistance for the second time. After assisting for two consecutive times, there will be a two-month waiting period before you may apply again for further benevolence.

Food

We have a food pantry that is open to the public and to our church.

If an applicant is requesting utility, rent, or medical bills to be paid, if approved, the bill must be given to the Benevolence Committee and payment made to the creditor. A receipt must be kept on file.

The church may not loan money to anyone.

I have read and understand the Benevolence Policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Spirit of Life Church**

**Benevolence Request Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: (daytime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is this your home church? Yes\_\_\_\_ No \_\_\_\_
2. If yes, do you attend regularly? Yes\_\_\_\_ No \_\_\_\_
3. How long have you been attending? Yes\_\_\_\_ No \_\_\_\_
4. Have you completed the membership class? Yes\_\_\_\_ No \_\_\_\_
5. Have you received assistance from this church or another

Church or organization within the past 12 months? Yes\_\_\_\_ No \_\_\_\_

If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you or your spouse currently employed? Yes\_\_\_\_ No \_\_\_\_

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, when and where was the last time you sought employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the nature of your need, amount needed and to whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name and address of closest relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do they know about your need? Yes \_\_\_\_ No \_\_\_\_
4. Are you receiving any aid (financially or otherwise) from a

government agency (unemployment insurance, social

security, workers compensation)? Yes \_\_\_ No \_\_\_\_

I understand that the information I have included on this form is for the church benevolence committee to review. It does not assure approval or obligate the church to assume any responsibility for my need. If approved, payment will go directly to the creditor. All information will be kept strictly confidential.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_