

**BENEVOLENCE REQUEST PACKAGE**

*Therefore, as we have opportunity, let us do good to all, especially to those who are of the household of faith. Galatians 6:10 NKJV*

Friendship Christian Church Ministry is ***NOT*** a guarantee of assistance. Once your application is submitted there will be a review by the Benevolence Ministry where you will be either approved or denied depending on you meeting the criteria and funds availability. The Benevolence Fund is intended to be a ***temporary assistance*** during a time of need or crisis.

Those requesting help must be willing to give the Benevolence Ministry permission to follow up on any of the information provided to the Ministry. The Ministry will keep all information confidential.

All financial assistance will be disbursed directly to the requestor’s debtors with the exception of food and gasoline. Food and gas will be given out in the form of groceries or gift cards at the discretion of the Ministry**. (ABSOLUTELY NO CASH WILL BE DISBURSED.)**

Emergency needs according to federal guidelines are:

* Housing (mortgage/rent)
* food
* clothing
* transportation to or from a place of employment (bus fare, cab/uber fare, gasoline; this does not include auto repair) This could be in the form of a bus card.
* **\***current utilities which includes power, water, gas. Cable and cell phone not included

*(****past due, reconnect or deposits will not be considered****)* ● Medical assistance (prescriptions, counseling)

**A Request for Assistance/Benevolence Application must be completed by the person applying or by someone who is assisting the person in need. \* A copy of the current utility bill with a visible account number, lease agreement and landlord contact information based on your request must accompany application)**

Attached is the benevolence application. **Please complete in its entirety** and return as soon as possible in person, USPS or via email **friendshipchristianchurchmin@gmail.com.** If you have any questions or concerns, you may contact Elder Shirley Coleman ..Elder Eric Scott or leave a voicemail at the church. ***205 853 0530***

Elder Shirley Coleman 205 849 0336 Elder Eric Scott 205 919 3470

**Friendship Christian Church Ministries**

**Request for Financial Assistance**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

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

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

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of Hardship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount of Assistance Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please* ***itemize*** *current expenses for which you are requesting assistance*

|  |  |
| --- | --- |
| Bill | Amount |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**For Office Use Only:**

Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee(s) Check Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Approval Signatures:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Income Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant** | **Spouse** | **Other** |
| **Regular Salary** | **$** | **$** | **$** |
| **Child Support** | **$** | **$** | **$** |
| **Alimony** | **$** | **$** | **$** |
| **Social Security** | **$** | **$** | **$** |
| **Disability** | **$** | **$** | **$** |
| **Unemployment** | **$** | **$** | **$** |
| **Pension** | **$** | **$** | **$** |
| **Food Stamps** | **$** | **$** | **$** |
| **Other** | **$** | **$** | **$** |
| **Other** | **$** | **$** | **$** |
| **Total Monthly****Income** | **$** | **$** | **$** |

**Monthly Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amount** | **Months in Arrears** | **Amount Due** |
| **Rent/Mortgage** | **$** | **$** | **$** |
| **Electric** | **$** | **$** | **$** |
| **Gas** | **$** | **$** | **$** |
| **Water** | **$** | **$** | **$** |
| **Telephone** | **$** | **$** | **$** |
| **Car Payment** | **$** | **$** | **$** |
| **Credit Card** | **$** | **$** | **$** |
| **Health Insurance** | **$** | **$** | **$** |
| **Home/Renters****Insurance** | **$** | **$** | **$** |
| **Life Insurance** | **$** | **$** | **$** |
| **Food** | **$** | **$** | **$** |
| **Other Expenses** | **$** | **$** | **$** |
| **Total Month****Expenses** | **$** | **$** | **$** |

**FRIENDSHIP CHRISTIAN CHURCH MINISTRIES**

*1238 CENTER POINT PARKWAY*

*BIRMINGHAM, AL 35215 205 853 0530*

***L.F. HUGGINS, JR., Pastor***