

WestRidge Church of Christ

Benevolence Application ***MUST BE COMPLETED IN FULL***

Personal Information

Full Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Date of Birth: _____ Gender: Male Female

Marital Status: Single Married Cohabiting Divorced Separated Widow(er)

Current Residence: Rent Own Homeless Live with Family Live with Friends

Length of Residency at Current Address: _____

List all persons living at your current address:

Full Name	Age	Gender	Employer/School	Relationship to Applicant

Request

What is your need and what specific help are you requesting?

What events lead you to ask for assistance (IE: Doctor bills, Loss of job, etc.)? _____

When did you learn of your need? _____

When does your need require attention? _____

What steps have you taken to resolve your current need before contacting Westridge? _____

If assisted by Westridge, how will you pay for next month's rent/utilities, etc.? _____

Have you or anyone in your household received financial assistance from Westridge in the past? If so, who, when, and how much? _____

List all churches /agencies/ organizations you have contacted requesting assistance for your need:

Organization Name	Contact Date	Phone Number	Status (approved, denied, pending, etc.)

Church

Are you a member or regular attendee of Westridge? Yes No

If you are not a member or regular attendee of Westridge, have you been referred by a member or regular attendee of Westridge? Yes No

If yes, please provide name and contact information: _____

If you are a visitor, list the dates of the last two times that you attended Westridge? _____

How many times per year do you attend church and where? _____

Employment

List your current and past employment:

Employer	Full or Part Time	Job Title	Dates of Employment	Reason for Leaving
Current:				
Current:				
Past:				
Past:				

List your spouse's/roommate's present and past employment:

Employer	Full or Part Time	Job Title	Dates of Employment	Reason for Leaving
Current:				
Current:				
Past:				
Past:				

List any significant illnesses, injuries or disabilities that prevent you from working: _____

Finances

Do you have a budget? Yes No

Do you have any assets that could be liquidated to help with your need? Yes No

Have you filed bankruptcy before? Yes No

If so, summarize the details and circumstances: _____

Do you or anyone in your home use any kind of tobacco products or alcohol? Yes No

If yes, list who, what kind, how often and estimated cost per week: _____

Do you or anyone in your home use illegal or unprescribed drugs? Yes No

If yes, list who, what kind, how often and estimated cost per week: _____

List your assets and liabilities:

What I Own		What I Owe	
Checking Accounts	\$	Mortgage/Rent	\$
Saving Accounts	\$	Utilities	\$
Home (Market Value)	\$	Insurance	\$
Other Property (Market Value)	\$	Taxes	\$
Insurance (Cash Value)	\$	Credit Cards	\$
Stocks, Bonds, Mutual Funds, CDs	\$	Car Loans	\$
IRA/401K	\$	Other Loans	\$
Automobiles	\$	Other:	\$
Other:	\$	Other:	\$
Total Assets	\$	Total Liabilities	\$

List your household monthly income and expenses:

Monthly Income		Monthly Expenses	
Job #1	Net\$	Mortgage/Rent	\$
Job #2	Net\$	Electricity	\$
Spouse/Roommate Job #1	Net\$	Heating Oil/Gas	\$
Spouse/Roommate Job #2	Net\$	Water/Sewer/Trash	\$
Unemployment	\$	Home/Renter's Insurance	\$
Public Assistance	\$	Phone	\$
Food Stamps	\$	Cell Phone	\$
Social Security	\$	Cable/Satellite TV	\$
Disability	\$	Internet	\$
Workers Compensation	\$	Car Payment #1	\$
Child Support	\$	Car Payment #2	\$
Retirement	\$	Auto Gas & Oil	\$
Other Agencies	\$	Auto Insurance	\$
Family	\$	Groceries	\$
Friends	\$	Eating Out	\$
Other:	\$	Health Insurance/Meds	\$
Other:	\$	Child Care	\$
Other:	\$	Child Support	\$
Other:	\$	Credit Cards	\$
		Bank Loans	\$
		School Loans	\$
		Charitable Giving	\$
		Memberships	\$
		Other:	\$
		Other:	\$
		Other:	\$
Total Monthly Income:	\$	Total Monthly Expenses:	\$

Identification

Please provide a photocopy of government issued photo identification card (e.g., Driver’s license, Identification Card, Passport, etc.). Also provide proof of anyone living in your home (e.g., copy of Driver’s licence, Birth Certificate, Medicaid, etc.).

Release Information

I hereby authorize the release of information to Westridge Church of Christ for the purpose of evaluating my request. I further certify the information I have stated is true and correct. I understand Westridge may obtain any information deemed necessary to verify the information on this application and that false or incomplete information may subject me to denial of assistance and/or disqualification of future assistance.

I give permission for Westridge Church of Christ to discuss my case with other agencies, businesses, churches , attorneys, individuals, and any other deemed necessary to verify the application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible with these entities.

I have read, understood, and agree to the provisions as stated.

Signature: _____ Date: _____

Office Use Only—Do Not Write Below This Line

Interview Date: _____ Approved: Yes No Amount: \$ _____

Persons Present (Westridge): _____

Persons Present (Applicants): _____

Comments: _____

Consultation Date: _____

Persons Present (Westridge): _____

Persons Present (Applicants): _____

Comments: _____
