

BAYSIDE COMMUNITY CHURCH

Care Ministry

Benevolence Application

MEMBER

Name: _____

Address: _____

City, State, Zip: _____

Home/Mobile Phone: _____ Business Phone: _____

Email address: _____

What is your relationship status? (please check below):

Single Dating Married/Remarried Separated/Divorced Widow

Spouse's Name: _____

Is he/she a co-applicant? Y N If so, do we have his/her permission? Y

N

Spouse's Email address: _____

Children's names and ages (if applicable): _____

Total number of people living in your home? _____

How were you referred to us, or who referred you to us? _____

INVOLVEMENT

1. Have you attended MyBayside? Y N Are you a member of Bayside? Y N

2. How often do you attend services at Bayside? _____

Which campus do you normally attend? LWC WBC BDC HCC NRC.

FVC BRC RVC Bayshore

3. Are you or have you been a member of a group? Y N

If yes, which one(s)? _____

4. Do you currently serve or volunteer at Bayside? Y N

If yes, what area(s) do you volunteer or serve in? _____

5. What is your estimated annual tithing to Bayside? (we will verify this information)

_____ and How do you tithe? text envelope online

(*Tithing is biblical- we will check)

INCOME

Are you employed? Y N Fulltime Y N or Part time Y N

if PT how many hours a week do you work? _____

If you are not working pls give the reason: _____

Name of Employer: _____

(*We reserve the right to verify based on your request for assistance)

Employee Supervisor: _____ Work Phone: _____

Monthly Income: _____

Are you receiving any other income? disability/social security/alimony? Y N

Monthly Income from other sources: _____

(please provide documentation)

List all adults providing income in the family and monthly amount (provide documentation):

Do you have an emergency fund? Y N if yes, how are you using it in this situation

Do you have other forms of financial savings? Y N if yes, please explain _____

Have you taken and completed Financial Peace University? Y N

if yes, when: _____

If not, do you have a plan to attend soon? _____

Next scheduled FPU date: _____

(*Care team will give you a date for next class)

____ (Initials) **I have been informed about Financial Peace University and understand that this is a requirement for any future benevolence requests.**

REQUEST

Have you had prior assistance for finances from Bayside? Y N

If yes, please explain: _____

What other options/agencies/people have you explored or asked for assistance during this situation and this calendar year? (Please list all)

Type of assistance requested (i.e. assistance with rent, utilities, etc.):

**Please provide a copy of the bill you are requesting assistance with.*

Reason for the request*:

What I have done to help my situation:

What I will do the following month:

_____ (Initials) The application process has been explained to me, and I understand that assistance is not guaranteed and that *some* assistance may be approved. I also understand that if the application is approved, the assistance will be a “*gift*” therefore, I will not be required to repay.

_____ (Initials) My initials are consent for Bayside Community Church staff to contact the designated vendors to inquire about my bill pay history and to assist as need is determined. It also confirms that I have filled out this form with the most accurate information to my knowledge.

_____ (Initials) My initials acknowledge that my employment may be contacted to verify my income/employment history.

Applicant’s Signature: _____ Date: _____

Co-Applicant’s Signature: _____ Date: _____

Care Staff Signature: _____ Date: _____

Applicant to do:

Applicant must provide the following documents with the completed application in order for us to move forward with the request:

1. A detailed budget (we will give you a blank budget form if you need one)
 2. Copies of Cost of living bills: (mortgage payment, lease, electric bill, water bill)
 3. Paystubs (2 months) this includes social security, child support, alimony etc.
 4. Other requested documents as needed.
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STAFF ONLY

1. Interview
2. Check tithe history: Yes ____ No ____
3. Check Planning Center
4. Verify Christian Care Alliance: Yes ____ No ____
5. If electric assistance requested & FPL: Yes ____ No ____
 - a. LIHEAP
 - b. EHEAP
6. Community Recommendations: Yes ____ No ____
7. Current budget
8. Pay stubs