

Benevolence Ministry Financial Assistance Questionnaire

Today's Date: _____

Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Home Phone # _____ Cell Phone # _____

Previous two addresses:

1) _____

How long there? _____ Landlord/Mortgage Holder & contact # _____

2) _____

How long there? _____ Landlord/Mortgage Holder & contact # _____

List all other persons in current household and their dates of birth:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

If married, how long? _____

List of nearest relatives:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Christian?</u>	
_____	_____	_____	YES	NO

_____	_____	_____	YES	NO
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Which relatives can help financially? _____

Which relatives can help with living quarters? _____

Current Employer _____ Phone #: _____

Past Employers _____ Phone #: _____

What types of work are you qualified/trained to do? _____

Are you a Christian? YES NO How do you know? _____

Current Church _____

Previous Church _____ Why did you leave? _____

FINANCIAL INFORMATION

Are you receiving financial help now? YES NO If yes, please list below:

	<u>From Whom:</u>	<u>Amount:</u>
Unemployment	_____	\$ _____
Welfare	_____	\$ _____
Food Stamps	_____	\$ _____
Individuals	_____	\$ _____
Other	_____	\$ _____

Is your current church (if other than BRBC) or previous church (if other than BRBC) providing assistance? YES NO

If yes, what kind and from whom? _____

What are your living expenses? (for monthly amount, multiply weekly total by 4.33)

Food per month	\$ _____	Other Expenses _____	\$ _____
Rent per month	\$ _____	Other Expenses _____	\$ _____
Utilities per month	\$ _____	Other Expenses _____	\$ _____
Transportation per month	\$ _____	Other Expenses _____	\$ _____
TOTAL MONTHLY LIVING EXPENSES \$ _____			

Income from employment \$ _____

Income from other sources \$ _____ List sources: _____

TOTAL MONTHLY INCOME \$ _____

<u>Other organizations applied to for assistance:</u>	<u>Amt Given?</u>	<u>Turned Down?</u>	<u>Reason?</u>
_____	\$ _____	YES NO	_____
_____	\$ _____	YES NO	_____

Do you have a car? YES NO If no, do you have alternate transportation? YES NO

If no, please explain how you get around _____

Are other members of your family unemployed? YES NO If yes, explain nature of unemployment _____

Are there any medical problems in your family? YES NO If yes, please explain _____

Other Information

References who can confirm your background and your need for financial assistance:

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Describe the kind of assistance are you are looking? _____

Are you a member of our church? YES NO If no, why not? _____

Are you willing to become a member? YES NO If no, why not? _____

What church/ministries are you involved in? _____

For Benevolence Ministry Use Only

Interviewed By _____	Date _____
Interviewed By _____	Date _____
Interviewed By _____	Date _____

Final Decision? APPROVED DENIED

If Denied, Why?

If Approved, what assistance was provided?
