

Benevolence Assistance Request Form

Date:

## What is the Benevolence Fund?

The Benevolence Fund is a limited financial fund, made available by application to anyone struggling financially due to unforeseen circumstances. The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need.

Your request will be reviewed, and you will be contacted if more information is needed. A failure to provide requested information will forfeit your eligibility for benevolence. Upon a decision, you will be notified by telephone or email. If your request is approved, it may take up to two weeks to receive funding. The decision made by Out of Love Ministries or its representatives regarding financial assistance is final and there is no appeal.

## What kind of help is available?

Our concern for you is not limited to your financial situation. We care about your emotional, spiritual, and relational health, as well as your general well-being. Would you like for a ministry leader to follow up with you about these types of concerns? *(Note: your response to this has no bearing on the decision about your financial request).*

* No thank you.
* Yes. Contact me at phone number ( ) --

Our response to your request may include:

* Referral for spiritual, financial, and/or general counseling
* Limited financial support
* Food bank referrals
* Other social service referrals

# Begin your application here:

## Personal Information:

Name:

Address: Apt #:

City: State: Zip:

Contact Number:

* + Male  Female Date of birth: Age: Marital Status:  Single  Married  Separated  Divorced  Widowed

Name and location of church you belong:

If you do not belong to a church, briefly explain why.

## Household Information:

List all individuals in your household:

Full Name Age Relationship Employer Monthly Income

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 **Additionally Notes:**

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## Please list your specific requests:

Amount Description of Need By Date

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## Briefly describe what events led to you needing assistance?

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1. **Applicant Employment History:**

Present/Most Recent Employer:

Position: Salary/Hourly Rate: $

Supervisor’s Name: Phone:

Employer’s Address:

City: State: Zip:

Employment Dates: From: / / To: / /

If unemployed, please provide a reason:

If you are unemployed, for how long:

Are you currently seeking employment:  Yes  No

If “No” why not?

What steps are you taking to seek active employment?

## Housing/Automobile:

* + Own/Purchasing  Renting How long at present address?

Landlord/Mortgage Company: Phone:

Do you have access to a car?  Yes  No

Do you owe monthly car payments?  Yes  No If “Yes,” how much? $

## Additional Information:

Have you contacted anyone else for assistance within the last six months?  Yes  No

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Please specify:  Family  Friends  Churches  Agencies

Are any of the above assisting with your need?  Yes  No If “Yes,” amount: $

If “No,” why not?

Are you receiving financial aid from a government agency?  Yes  No Amount: $

Please specify:  Unemployment Insurance Social Security  Workers Compensation

* + Disability  Other:

Do you have and use a budget?  Yes  No

What steps are you taking to improve your present situation?

Have you requested or received assistance from Out of Love Ministries before?  Yes  No

If “Yes,” when did you make the request? / / Amount received? $

## Support System References:

Name (First and Last) Relationship Phone Number

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##  Community Resources: Please list any community resources you are aware of within your community.

 Name: Location Contact Website

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**Attention**: Upon completing the following application, please email it to the following email address: contact@oolm.org

## Authorization

By signing below, you are giving permission to have the appropriate church personnel validate any of the above information.

Signature: Print Name:

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