

Benevolence Application Checklist

Applicant Information	
Member Name:	
Address:	
Telephone:	
Email Address:	
Deacon:	
Benevolence Application Checklist	
	Verify Membership Status
	Verify Giving Pattern
	Verify Date of Last Benevolence Date:
	Verify Benevolence is within guidelines
	Verify Attendance
Benevolence Disbursement Form Checklist	
	Bill and/or Invoice is attached for each payee
	Mailing address is clear
	Form of payment is clear
	How soon payment is needed
	Verify Benevolence is within guidelines
	How the check will be delivered



BENEVOLENCE APPLICATION

All benevolence applications are kept in strict confidence.
A subcommittee of the WBC Deacon Council administers
WBC's Benevolence Policy.

Application Instructions:

- A WBC Deacon will assist you in completing this form.
- Please complete all questions as they apply to your situation.
- As led by the Holy Spirit, the Deacon Council will approve, modify, or decline your request for financial assistance.
- You will be required to provide documentation verifying your financial assets and liabilities.
- **WBC does not disburse checks or cash directly to applicants. All disbursements are made directly to your creditors. Disbursements will be made in 5 to 7 days from date approved by the Deacon Council.**

I. Applicant Information

Date of Application: _____

Individual/Family Name: _____

Home Address: _____

City/State/Zip: _____

Telephone No: _____

E-Mail Address: _____

WBC Member? Yes No

If yes, number of years as a member? _____

Completed New Member's Orientation? Yes No

II. Previous Benevolence Application

Please describe the circumstances, date and amount disbursed.

III. Benevolence Application Background

- a. Please describe your current circumstances
- b. Please describe the amount (\$\$\$) by creditor of the financial assistance you are requesting. (What bills do you need assistance paying?) Please provide In-take Deacon with copies of bills/invoices.
- c. Please describe the steps you have taken to deal with your current financial situation.
- d. Will this Benevolence Application address your long-term financial situation?
We need to know how you will handle your expenses if and after WBC assistance is provided.

Yes ... Why?	No... Why?

- e. Please provide areas where you like prayer for you and your family (i.e., health, financial planning, children, Christian growth, job, etc.)
- f. Please describe any non-financial areas where assistance maybe required (Money management, budgeting, moving, etc.)
- g. Have you accepted Jesus as your personal Lord and Savior? Yes No
- h. Have you been Baptized? Yes No
- i. Please list the WBC ministries that your family is actively engaged in.

IV. Financial Assets (Please include all relevant invoices, receipts and appropriate documentation.)

Monthly Income		
Salary	Monthly Gross Amount	Comments
Job 1		
Job 2 (Spouse's Job, Your Second Job...)		
Other Salary (Describe)	Amount	Comments

Other Income	Monthly Gross Amount	Comments
Investments (IRA, 401K...)		
Inheritance		
Real Estate/Property		
Disability (LTD/STD)		
Employer Separation Benefits		
Student Financial Aid		
Child Support		
Alimony		
Family (Relative or Acquaintance)		
GI Bill/Veteran Benefits		
Unemployment Benefits (TEC/TWC)		
Social Security		
Food Stamps		
Legal Settlement		
Aid To Dependent Children		
WIC		
Foster & Elder Care/Adoption Assistance		
Welfare		
Housing Subsidy (Section 8)		
Pension		
Other Income (Describe)	Amount	Comments

Other Financial Assets	Monthly Gross Amount	Comments
Investments (Stocks, Bonds, Mutual Funds)		
Annuity		
Savings Accounts		
CDs		
Checking Account		
Real Estate		
Life Insurance		
Savings Bonds		
Other Financial Assets		
Prizes/Awards		
Other Financial Assets (Describe)	Amount	Comments

V. Financial Obligations (Please include all relevant invoices, receipts, and appropriate documentation.)

Essentials	Monthly Payment	Comments
Mortgage/Rental/Lease (Include HOA)		
2nd Mortgage or Other Properties		
Food		
Transportation (Car Pool, Public Transit...)		
Car 1		
Car 2		
Fuel/Auto Gasoline		
Car Insurance (All Vehicles)		
Child Care (Nursery, After School...)		
Child Expenses (Special Needs...)		
Elderly/Relative Care		

Other Essentials (Describe)	Amount	Comments

Utilities	Monthly Payment	Comments
Gas/Water		
Electricity		
Home Security		
Entertainment (Netflix, XBox...)		
Cell Phone		
Land Line		
Internet (DSL, U-Verse, Fios...)		
Cable TV		
Consumer Debt (Credit Card, ATM, Pre-Paid...)		
Credit Card #1		
Credit Card #2		
Credit Card #3		
Credit Card #4		

Loans (Personal, School, Bank, Payday, Title, Lien...)	Current Outstanding Balance
Loan #1 School	
Loan #2	
Loan #3	

Other Financial Obligations	Current Outstanding Balance
Bankruptcy	
Court Settlement	
Child Support	
Wage Garnishment	
Gym/Club Memberships	
Professional Organization Dues	
School Tuition (Presently Enrolled)	
Taxes (IRS)	

VI. Financial Summary

- a. Total current monthly income: \$ _____
- b. Total current monthly financial obligations: \$ _____
- c. Difference between income and obligations: \$ _____

VII. Applicant Signature

Signature Print Name Date

VIII. Completed by Deacon

Intake Deacon(s): _____
Print Name(s)

Intake Deacon Recommendation: _____

Action Taken by the Jethro Team: _____

Jethro Team Facilitator, Signature Date

Jethro Team Secretary, Signature Date