

New Life Assembly Benevolence Request

Please completely fill out both sides

Today's Date: / /

Name: _____

Address: _____ City _____ Zip _____

Phone No: Home/Cell () - Work () -

Place of Employment: _____

Supervisor's Name: _____

Supervisor's Phone No. () -

Is this your first contact with our church? Yes or No

What is the need? Food _____ Shelter _____ Heating _____ Fuel _____ Other _____

How much is the need? \$ _____

How urgent is the need? (Please explain) _____

Do you have other family members/relatives in the area? Yes or No

Have you sought assistance from other sources? Yes or No

Which? _____

Who referred you to us? _____

Are you a: Member _____ or Regular Attendee _____ at New Life Assembly? No _____

Are you a member of another church? Yes or No

If Yes, which one? _____

Have you contacted your pastor for assistance? Yes or No

Are you: Yes or No If yes, place of employment of spouse: _____

Children? Yes or No. Number of children: _____. Their ages: NB 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Do you currently receive assistance? Yes or No. If yes, from whom: welfare, food stamps, other?

Monthly Income & Expenses

Gross Income per month:

Salary: \$ _____

Housing:

Mortgage/Rent: \$ _____

Insurance: \$ _____

Taxes: \$ _____

Electricity: \$ _____

Gas/Oil: \$ _____

Water: \$ _____

Sanitation: \$ _____

Telephone: \$ _____

Maintenance: \$ _____

Other: \$ _____

Food (Groceries): \$ _____**Automobile(s):**

Payments: \$ _____

Gas: \$ _____

Miscellaneous:

Toiletry/Cosmetics: \$ _____

Haircut/dresser: \$ _____

Laundry/Cleaning: \$ _____

Subscriptions: \$ _____

Allowances (child): \$ _____

Gifts (incl. Christmas): \$ _____

Cash on Hand: \$ _____

Other: \$ _____

School/child care:

Tuition: \$ _____

Materials: \$ _____

Lunch: \$ _____

Transportation: \$ _____

Nanny/Babysitter: \$ _____

Debts (monthly payments)

Credit Card: \$ _____

Loans: \$ _____

Other: \$ _____

Entertainment/Recreation

Eating Out: \$ _____

Addictive Habits: \$ _____

Vacation/Trips: \$ _____

Streaming Services: \$ _____

TV/Cable/Internet: \$ _____

Medical Expenses:

Doctor: \$ _____

Dentist: \$ _____

Prescriptions: \$ _____

Other: \$ _____

Clothing: \$ _____**Investments:** \$ _____**Savings:** \$ _____**TOTAL EXPENSES:** \$ _____

I (print name) _____ give New Life Assembly my full consent to know the above information. I understand that this information will be kept confidential and is necessary to make an informed decision concerning the release of benevolence funds. I also have verified that the above information is accurate and is in no way misleading. I understand that if the above information is found to be false in any way, I may be **permanently** denied benevolence from New Life Assembly.

Sign Full Name: _____ Date: _____