



This is **confidential information** for the use of the Benevolence Committee only. Please complete the following information honestly. Failure to answer truthfully will mean forfeiture of any assistance we may provide. If you have any questions, please contact the Care and Connections Coordinator.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Age _____ Date of Birth _____ Male Female

Married Divorced Widowed Single Separated

1. What assistance do you need? Please list each need, the specific dollar amount, and attach a copy of each bill.

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2. How did the need come about? _____

3. How did you hear about Fellowship? _____

4. Are you a member of Fellowship Bible Church? Yes No

5. If not, are you currently attending a church on a regular basis? Yes No

6. If yes, where do you attend? _____

7. Are you in a D Group at Fellowship? If so, what is your leader's name? Are they aware of your need? _____

8. Have you sought assistance here before? Yes No



9. What additional steps are you taking to alleviate your present situation? _____

10. Have you sought assistance from Fellowship or other churches, non-profits, or organizations? If so, where?

11. Are you willing to receive financial guidance?

Yes No

12. How many people are living in your household that you are responsible for? _____

Please list names and ages:

Name(s)

Age(s)

_____	_____
_____	_____
_____	_____
_____	_____

13. Do you have a personal relationship with Jesus Christ? What is the assurance of your salvation? _____

14. What are the significant stressors in your life? _____



Current Employment:

Company _____

Address _____

Phone Number _____ Title _____ Hours Per Week _____

Supervisor _____ Length of Employment _____

Spouse's Employment Information:

Company _____

Address _____

Phone Number _____ Title _____ Hours Per Week _____

Supervisor _____ Length of Employment _____

Previous Employer (if current employment is less than two years):

Previous Employer _____ Supervisor _____

Phone Number _____ Length of Employment _____

Reason for Leaving _____

Spouse's Previous Employer (if current employment is less than two years):

Previous Employer _____ Supervisor _____

Phone Number _____ Length of Employment _____

Reason for Leaving _____

If you are unemployed, when was the last date you worked? _____

What steps have you taken to obtain employment? _____



Expenses/ Liabilities:	Avg. Per Month	Subtotals
Divide annual payments into monthly payments by dividing by 12 (or by 4, if quarterly)		
Giving:		
Tithe		
Other Giving		
	Giving Subtotal	
Savings:		
Savings		
Retirement		
Education		
	Savings Subtotal	
Housing:		
Mortgage or Rent		
Electric		
Gas		
Water		
Cellphone		
Internet		
	Housing Subtotal	
Food/Personal:		
Personal/Household items		
Barber/Beauty Salon		
Alcohol/Cigarettes		
Groceries		
Clothing		
	Food/Personal Subtotal	
Transportation:		
Car Loan Payment #1		
Car Loan Payment #2		
Auto Insurance		
Gas		
	Transportation Subtotal	
Insurance:		
Life		
Disability		
Medical		
Dental		
	Insurance Subtotal	



Expenses/ Liabilities (Cont.):	Avg. Per Month	Subtotals
Divide annual payments into monthly payments by dividing by 12 (or by 4, if quarterly)		
Entertainment/Recreation:		
Dining Out		
Children's Allowances		
Movies/Events		
Vacation/Trips		
Cable/Satellite TV		
Gym Membership		
Streaming Services		
	Ent./Rec. Subtotal	
Professional Services:		
Education		
Childcare		
Medical/Dental		
Prescriptions		
Legal		
Counseling		
	Prof. Services Subtotal	
Debt:		
Credit Cards (indicate type of cards; e.g. VISA)		
School Loans		
Bank/Consumer Loans		
Other Loans		
	Debt Payments Subtotal	
Other Expenditures:		
	Other Exp. Subtotal	
	Grand Total	

