

BENEVOLENCE REQUEST

PLEASE PRINT CLEARLY

CONTACT INFORMATION

Today's Date: _____

Name _____

Phone Number _____

Address (Please include city, state, zip) _____

Birthdate _____ Martial Status _____

Number in Family _____ Ages of Children at Home _____

SPECIFIC FINANCIAL NEED

Utilities Electricity _____ Company _____

Gas _____ Company _____

Water _____ Company _____

Rent Monthly _____

Landlord's Name & Phone: _____

Mortgage Monthly _____

Company Name & Phone: _____

Other (Please be specific) _____

SOURCE OF INCOME (PLEASE INCLUDE ALL SOURCES OF INCOME)

Are you unemployed? _____

Disability _____

How long? _____

SSI _____

Employer _____

Food Stamps _____

Wages _____

Child Support _____

Supervisor's Name & Phone: _____

Alimony _____

Welfare _____

Other _____

OTHER SOURCES

Have you received financial aid from another organization? _____

Name of Organization : _____

If so, in what amount? _____

Are you a current member of Victory Fellowship? _____

Do you attend a Care Group? _____

If you attend Victory Fellowship, what is your Care Group leader's name? _____

Are you employed? _____ Are you willing to disclose your financial status? _____

What is the problem? _____

When is the amount specified needed? _____

Have you received help from Victory Fellowship before? _____

If so, When? What for? _____

Please be advised that all applicants will be drug tested. Would you submit to a drug screening administered by Victory Fellowship?

YES NO