



## **BENEVOLENCE FUND INFORMATION FORM - CONFIDENTIAL**

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Employment: \_\_\_\_\_

Housing: (check one)  Own  Rent  Other (explain): \_\_\_\_\_

Have you previously received assistance from New Covenant?  Yes  No

Are you a member or regular attender of New Covenant?  Yes  No

### **Monthly Average Expenses**

Auto: \_\_\_\_\_ Electricity: \_\_\_\_\_ Food: \_\_\_\_\_ Mortgage/Rent: \_\_\_\_\_ Natural Gas: \_\_\_\_\_

Water: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Other (explain): \_\_\_\_\_ Total: \_\_\_\_\_

**Monthly Income** (from all sources) \_\_\_\_\_

### **Needs**

Food  Clothing  Housing  Medical  Utilities

Other (explain): \_\_\_\_\_

### **Immediate Family Assistance**

*Please list any immediate family members who have given assistance.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount of Assistance: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount of Assistance: \_\_\_\_\_

### **Financial Counseling**

Currently Receiving or have had:  Yes  No If yes, by whom? \_\_\_\_\_

### **Bill Payment Request**

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

*All information is true and accurate to the extent of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signing this form gives us permission to contact those listed on the form.*

