



PLEASE READ THIS PAGE CAREFULLY BEFORE COMPLETING THE APPLICATION.

Revolution Church members, regular attendees, and Cherokee County residents may apply for financial assistance through our Benevolence Ministry. Requests from members and regular attendees will be given priority for assistance; however, whenever possible the needs of others will be carefully considered.

Although it is our sincere desire to provide financial assistance to all who ask, we are unable to consider any requests except those that are short-term in nature. **We are unable to provide long-term assistance of any kind, and we are not able to help with child care and/or child support, long-term or chronic medical, credit card, taxes or legal expenses.**

- Upon completion of the benevolence application, please return it to the Revolution Church office; mail to: 125 Union Hill Trail Canton, GA 30115, email to: info@therevolution.tv; or fax to 770-345-2759. Please feel to take this form home for completion at your convenience.

- Once an application has been completed, you must be available for an in-person discussion. If you have a spouse or significant other, both are expected to attend, if at all possible.

- For this discussion, you should bring **copies** of bills, eviction notices, paychecks, and other documentation from your household that may assist in accurately understanding your financial situation. *(We will not accept any original bills or invoices.)* If funds are approved and available, check(s) will be made payable only to the service provider(s) to whom bill(s) are owed (*e.g.: mortgage company, utility provider, etc.*).

- All information provided on the benevolence application will be kept as private as possible, so please be open and honest in responding to questions. It is likely that during the application process, your information may be reviewed by members of our church staff, Pastors, Elders, and board members. We are not here to judge anyone, but rather to provide compassionate assistance according to our guidelines and available resources in time of difficulty.

- In order for applicants to discuss these issues openly and without distraction, it is requested that you arrange for childcare during this meeting.

- **The benevolence process may take up to two weeks. Failure to complete the entire application and/or bring required documents could delay the process. Completing the application and meeting process does not guarantee that assistance will be provided.**

Please keep a copy of this page of the application for your review and compliance.

Please print your name and sign below that you have read and understand the above information.

Name - please print

Phone #

Signature

Date

Personal Assistance Questionnaire

First Name: _____ Last Name: _____

Address: _____
Street City State Zip Code

How long have you lived at your present address? _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: _____

Email: _____

Marital Status (circle one): Married Separated Divorced Single Widow

All other persons in household: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Are you a Christian? _____ If yes, how do you know? _____

Who referred you to Revolution Church? _____

Do you regularly attend a church? If so, where? _____

If you do not attend Revolution, have you asked your current church for assistance? _____

If yes, how did they assist you? _____

Notes (office use only):

Please give two **personal references** who have known you (*other than family*) for at least one year.

Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Please list family members (parents, siblings, grandparents, adult kids, aunts, uncles, etc.) **and check the expenses they might help with:**

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____

Food Rent A place to live Utilities Childcare Medical bills Transportation

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____

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_____	_____	_____	_____

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<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____

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Notes (office use only):

Financial Information

Are you receiving financial assistance now? Yes No If yes, please provide information below.

	<u>From whom</u>	<u>Amount</u>
Unemployment	_____	\$ _____
Welfare	_____	\$ _____
Salvation Army	_____	\$ _____
Food Stamps	_____	\$ _____
Individuals	_____	\$ _____
Organization/Church	_____	\$ _____
Other	_____	\$ _____

If you have applied for assistance and been turned down, please provide the name of the organization and why they were not able to help. _____

Tell us about your need(s) and include the specific assistance you are seeking.

In order to assist with expenses, account information is needed.

	<u>Provider</u>	<u>Account Number</u>	<u>Mailing Address</u>
Power:	_____	_____	_____
Water:	_____	_____	_____
Gas:	_____	_____	_____
Rent:	_____	_____	_____
Other:	_____	_____	_____

Basic Budget

(Please use dollar amounts for monthly total, payoff total, and how far behind.)

Item	<u>Monthly Total</u>	<u>Payoff Total</u>	<u>How far behind?</u>
HOUSING			
Rent or Mortgage:	_____	_____	_____
Second Mortgage:	_____	_____	_____
Repairs/Maint. Fee:	_____	_____	_____
UTILITIES:			
Electricity:	_____	_____	_____
Water:	_____	_____	_____
Gas:	_____	_____	_____
Phone:	_____	_____	_____
Trash:	_____	_____	_____
Cable:	_____	_____	_____
FOOD:	_____	_____	_____
CLOTHING:	_____	_____	_____
GIVING	_____	_____	_____
SAVING	_____	_____	_____
PERSONAL:			
Child Care	_____	_____	_____
Credit Card Debt	_____	_____	_____
Entertainment	_____	_____	_____
Disability Ins.	_____	_____	_____
Health Ins.	_____	_____	_____
Life Ins.	_____	_____	_____
Entertainment	_____	_____	_____
OTHER MISC.:	_____	_____	_____
TRANSPORTATION:			
Car Payment:	_____	_____	_____
(make, model and year of vehicle)	_____		
Car Payment:	_____	_____	_____
(make, model and year of vehicle)	_____		
Gas & Oil	_____	_____	_____
Repairs & Tires	_____	_____	_____
Car Insurance:	_____	_____	_____
TOTAL MONTHLY EXPENSES:	_____	_____	_____

Monthly Income

Income from employment: \$ _____

Income from other sources: \$ _____ (list sources: _____
Child Support, SSI, Disability Insurance, etc.)

Total monthly income: \$ _____

Enter your monthly income below, subtract your monthly expenses and this will show you how much money you have left over each month or are short each month.

Monthly Income \$ _____ minus Monthly Expenses \$ _____ = Monthly Balance \$ _____

Notes (office use only):

FOR OFFICE USE ONLY

Reviewed by _____ Date: _____

Describe recommendations made, actions taken, and any follow-up (including dates):

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