

BENEVOLENCE FUND INFORMATION FORM - CONFIDENTIAL

Date:	Phone:			
Name:				
Address:				
City:	State: Zi	p Code:		
Marital Status:	Spouse's Name:	Children's	s Ages:	
Employment:				
Housing: (check one) O	Own O Rent O Other (explain):			
Have you previously receive	ed assistance from New Covenant?	O Yes	O No	
Are you a member or regul	lar attender of New Covenant?	O Yes	O No	
Monthly Average Expens	ses			
Auto: Electricit	y: Food: Mortgage	e/Rent:	Natural Gas:	
Water: Credit	Card: Other (explain):		Total:	
Monthly Income (from all	sources)			
Needs O Food O Clothing	g O Housing O Medical O Utilit	ies		
O Other (explain):				
Immediate Family Assist <i>Please list any immediate fai</i>	tance mily members who have given assistance.			
Name:	Relationship:	Amo	Amount of Assistance:	
Name:	Relationship:	Amo	unt of Assistance:	
Financial Counseling				
Currently Receiving or have	e had: O Yes O No If yes, by whor	m?		
Bill Payment Request				
Payee:				
Address:				
City:	State: Zi	p Code:		
Account Number:				
All information is true an	d accurate to the extent of my knowled	ge.		
Signature:			Date:	
Signing this form gives us no	rmission to contact those listed on the form			

Amount Requested:	For:		
Please explain what life circums	stances brought you to this	place:	
FOR OFFICE USE ONLY			
Oversight Pastor:			
Application Received by:			
Check Payable to:			
Amount Dispersed:	Check #:	Date:	
Comments:			