BENEVOLENCE AID APPLICATION

BENEVOLENCE AID GUIDELINES

Benevolence is designed to provide emergency and supportive assistance to individuals and families, whom are a part of the ROCK Church family, to maintain their self-sufficiency. Benevolence is seen as a last resort, after exhausting multiple avenues to meet the current need. Below are requirements for this assistance.

Involvement in a Community Group and/or Ministry is <u>required</u> to receive assistance. Applications will <u>not</u> <u>be accepted</u> unless signed off and forwarded by Ministry and/or Community Group Leaders.

Requirements:

- 1. Applications must be signed by your Community Group or Ministry Leader.
- 2. Applicants must be regular tithers of the Rock Church.
- 3. Applicants must have a relationship with Christ and are sharing Him with others.
- 4. Currently involved in a ministry or Community Group here at the Rock Church.
- 5. Exact amount must be requested.
- 6. Company name must be provided to pay the bill directly.

Guidelines:

The applicant will be asked to share their needs with their Ministry and/or Community Group Leader. Applications will only be accepted from Community Group or Ministry Leaders. This ensures that your Rock Church family is aware of your needs and can proceed in the way God directs them.

- The Rock Church will not make payments to automobile accounts, extended phone bills or other luxury debt (i.e. car insurance, cable bills, airline tickets).
- All bills are paid directly to the company (i.e. SDG&E, Manor Properties)
- No more than \$500 of assistance will be given within any 6-month period of time.
- Last minute or emergency bills (i.e. Rent or Utilities) are not guaranteed to be paid on time.

Process:

- 1. All applications must be filled out completely by the person in need.
- 2. The Ministry or Community Group Leader then signs the application.
- All benevolence applications must be turned in by a Ministry or Community Group leader. Prior to approval or disapproval the Benevolence Board will review all applications and may contact the leader and/or applicant.
- 4. All applications are reviewed weekly.
- 5. Once a decision is met, the applicant will be notified as soon as possible. If a check is needed, the request will be sent to Accounting. It may take up to 12 days to distribute the assistance.
- 6. Once the assistance is ready, it will be distributed in the manner requested on the application. Any check(s) given directly to an individual to deliver to the company will require a receipt, showing proof of payment. This must be turned into the Rock within 15 days. Failure to return receipts will result in disqualifying the applicant from receiving assistance in the future.

Benevolence Aid Applications

Name:			Date:		
Address:					
Address:Street			City		Zip
E-Mail:		Phone:	()		
Birthdate: Occupati		Occupation:			
Marital Status (circle one):	Single D	Dating Married	Separated	Divorced	Widowed
MARRIAGE AND FAM	ILY INFORMA	TION (If you are unma	arried and have no child	dren skip to next se	ection)
Name of Spouse:					
pouses Age: Religion:			Length Married:		
Do you have any childre	en? □Yes	□No (If yes	s, please give nam	es and ages)	
Name	Age	Name		Age	
Name	Age	Name		Age	
ROCK CHURCH INFO	RMATION				
Have you been attendin	ng the Rock for	more than 6 month	ns? □Yes □No	If so, for how lo	ong?
Are you currently involv	ed in a Commu	unity Group? □Yes	□No	If so, for how lo	ng?
Name of facilitator:			P	hone #:	
Are you actively serving	ı in a Ministry?	□Yes □No	If so, what M	inistry?	
Name of Ministry Leade	er:		P	hone #:	

PERSONAL INFORMATION

Are you regu	larly tithing to the Rock? ☐Yes ☐No	If so, how often?	
If not, why? _			
		e past? □Yes □No If so, when?	
		d? What resources have you exhaust	
		pers? If not, why?	
Have you red	ceived help from your Community Gro	oup or Ministry? □Yes □No	
If so what kin	nd of help, and if financial how much?	?	
REQUEST			
Exact amoun	nt requested: \$		
□ Gift Card	Vendor:		
□ Check	Payable to:	Bill Account #:	
Address:	Street	City	Zip
	per:		<i>erred)</i> or □picked-up

reference inquiry of myself from the	ministry leaders that I listed in this d	locument.		
Applicant Signature		Date		
Ministry or Community Group Leade	er Signature	Date		
Ministry or Community Group Name	e/Location			
Date Received:	For Office Use Only	Benevolence Board Decision:		
Date Reviewed:		☐ Approved ☐ Denied		
Comments:				
Date given to Accounting:	Date applic	Date applicant contacted:		
Date		☐ Check mailed to company		
Date receipts received:	Comments:			

This information contained in this application is correct to the best of my knowledge. I authorize a character