

# Benevolence Request Form

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

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone# (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

1. Do you have a personal relationship with Jesus Christ?  Yes  No  Not Sure
2. Are you a member of Macedonia AME Church?  Yes  No
3. Which best describes your attendance at Macedonia AME Church?  
 Frequent  Sometimes  Seldom  Never
4. In your opinion, which description best describes your financial situation?  
 Short-term emergency  Short-term problem  Long-term problem
5. The total amount of your request is \_\_\_\_\_
6. What is it for? \_\_\_\_\_
7. Who should we make the check payable to? \_\_\_\_\_
8. Are you willing to receive financial counseling?  Yes  No
9. Are you currently employed?  Yes  No  Full-Time  Part-Time
  - a. Name of Employer: \_\_\_\_\_
10. If married, is your spouse employed?  Yes  No  Full-Time  Part-Time
11. Total number of people in the household: \_\_\_\_\_
12. Total weekly household income: \_\_\_\_\_
13. Briefly, explain your needs and what led you to request assistance. We will be praying for you and providing counsel where needed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ If Married, signature of Spouse \_\_\_\_\_

## Official Use Only

Benevolence Committee \_\_\_\_\_

Approved via Email  Approved at Meeting  Need more information  Denied

More information needed \_\_\_\_\_

Check Dated \_\_\_\_\_ Check# \_\_\_\_\_

Give to person completing the form  or Check mailed to address (above)  or

Different address \_\_\_\_\_

Check given to \_\_\_\_\_ for delivery.