



# **Miles Chapel Baptist Church**

3911 Dickey Mill Road

Mebane, NC 27302

(336) 578-1450

## ***Benevolence Fund Application***

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

If renting, landlord's name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

### **Household /Income Data**

Identification: Please provide a copy of your driver's license or identification card.

Total Employment Income (net) \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
(Proof of income required)

Other Income (Alimony, Child Support, etc.): \_\_\_\_\_

Public Assistance (Food Stamps, Work-First, etc.): \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/Widower \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

Names and ages of persons in the household: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Needs:***

*Food*\_\_\_\_ *Shelter*\_\_\_\_ *Rent*\_\_\_\_ *Mortgage*\_\_\_\_ *Utilities* \_\_\_\_ *Medical Emergencies*\_\_\_\_

*Other (Explain)* \_\_\_\_\_

*Amount Needed:* \_\_\_\_\_ *Deadline:* \_\_\_\_\_

*Are you a member of Miles Chapel Baptist Church?* \_\_\_\_\_ *Non-Member*\_\_\_\_\_

*Are you a member of another church?* \_\_\_\_\_ *If yes, name of church:* \_\_\_\_\_

*Have you been helped previously by this church?* *Yes* \_\_\_\_\_ *No*\_\_\_\_\_

*If yes, when, and what did you receive?* \_\_\_\_\_

*Have you applied elsewhere for this need and were you assisted? (explain)* \_\_\_\_\_

*Monthly average cost:* *Mortgage/rent*\$ \_\_\_\_\_ *Auto*\$ \_\_\_\_\_ *Electric*\$ \_\_\_\_\_

*Water*\$ \_\_\_\_\_ *Phone*\$ \_\_\_\_\_ *Medical* \$ \_\_\_\_\_ *Gas/Oil* \$ \_\_\_\_\_

*Other (Explain)* \_\_\_\_\_

*If you are requesting a bill payment, please provide the following information:*

*Company Name*\_\_\_\_\_ *Phone ( )* \_\_\_\_\_

*Contact Person*\_\_\_\_\_ *Address* \_\_\_\_\_

*City*\_\_\_\_\_ *State* \_\_\_\_\_ *Zip*\_\_\_\_\_

*Account #*\_\_\_\_\_ *Total Amt. Due* \$ \_\_\_\_\_ *Amt. required* \$ \_\_\_\_\_

***\*\*\*Invoice of statement from vendor owed***

**Release of Information**

*I hereby authorize the release of information to Miles Chapel Baptist Church to be used in consideration of my request. I certify that the information stated is true and correct and that all income has been reported. I give Miles Chapel permission to verify my application information and discuss my case with other agencies, churches, employers and any others deemed necessary in order to substantiate my application information. I understand that all information will remain as private as possible within these entities, and deliberate misrepresentation of information may subject me to denial of assistance.*

*I have read, understand, and agree to the policies above regarding the Release of Information.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Hold Harmless/Liability Clause**

*The CHURCH, its Pastor, Officers, Agents, Employees, and Members are hereby released, forever discharged, and held harmless from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while the applicant's request is being reviewed, approved, and/or denied. Furthermore, the requester hereby agrees to hold harmless and indemnify said CHURCH, its Pastor, Officers, Agents, Employees, and Members for any financial liability sustained by said acts of the aforementioned CHURCH parties.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>For Office Use Only</b>
Date application received: _____
Date application reviewed: _____
Approved____ Denied____ Reason_____
Amount Approved_____ Approval Signature_____