

**INNER-FAITH FELLOWSHIP MINISTRIES
Benevolence Information Form**

Please fill out the form below and we will contact you after your request has been reviewed. Processing may take at least (5) business days from this date. Any request received and approved after Tuesday may not be processed for payment until Friday of the following week. Copies of bills for which assistance is needed must be provided; you must provide your own photocopies. Failure to complete the entire form may delay the review of your request.

Please Print

FAMILY INFORMATION

Applicant's Name _____
 Spouse's Name _____
 SS Number _____

Household Members

Name	Relationship	SS#	Date of Birth

Current Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____

EMPLOYMENT INFORMATION

Employer _____ How Long? _____
 Employer Address _____ Employer Phone No. _____
 Spouse's Employer _____ How Long? _____
 If Unemployed, How Long? _____
 Reason for Unemployment? _____
 If not unemployed, what has happened to create this need? _____

- Are you a member of Inner-Faith Fellowship Ministries?
 Yes No
- Are you currently tithing at Inner-Faith Fellowship Ministries?
 Yes No
- Have you been helped previously by Inner-Faith Fellowship Ministries?
 Yes No
- Have you received assistance from any other church than Inner-Faith Fellowship Ministries surrounding area,
 Yes No
- Ministry or agency during the past 6 months?
 If yes, whom?
 Amount and/or type of assistance?

Home Church if not Inner-Faith Fellowship Ministries Phone _____
 Please list all income and expenses for your household, not just the expenses for which assistance is needed. You must provide a copy of the bill(s) for which assistance is requested.

- IFFM Leader?
- In which area of ministry do you volunteer? _____

Type of Monthly Income/Cash Available	Current Monthly Income Amount or unemployed amount earned before	here if requesting payment of this bill	Monthly Expenses	Expense Amount	Due Date
Applicant's Wages			Mortgage/Rent		
Spouse's Wages			Electricity		
Other Members of the Household Wages			Gas		
Social Security			Water		
Disability Benefits			Phone		
Retirement Benefits			Car Payment		
Food Stamps			Cell Phone		
Unemployment			Gasoline		
Child Support			Auto Insurance		
Extended Family Support			Home Insurance		
Any Other Income			Health Insurance		
			Groceries		
<i>Total Income</i>			School Expense		
			Laundry		
Checking Account Balance			Clothing/Shoes		
Savings Account Balance			Medical		
Savings Bonds			Prescriptions		
Investment Account Balance			Cable/Satellite		
Retirement Account Balance			Child Care		
Available Cash as of Today			Child Support		
			Credit Card 1		
			Credit Card 2		
			Credit Card 3		
			Loans(explain)		
			Other Expenses		
			Total Expenses		

FOR OFFICE USE ONLY: Approved Amount \$ _____ Pay To: _____
 Membership Date _____
 Previous Assistance? Yes _____ No _____

Enrolled in Budgeting Course?	Yes	No	Date:
Completed Budgeting Course?	Yes	No	
Approved By: _____			