



# FIRST PRESBYTERIAN CHURCH OF CHAMPAIGN

## BENEVOLENCE REQUEST FORM

### PERSONAL INFORMATION

Last Name:		First Name:	
Address:		Apt #:	
City:		State:	Zip:
Phone numbers: Mobile:		Work:	Home:
Gender:	Male      Female	Date of Birth:    /    /	Age:
Marital Status:	Single      Engaged      Married      Separated <input type="checkbox"/> Divorced      Widowed		
Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No      Are you disabled?      Yes      No			
If you are not a member of First Presbyterian Church of Champaign, how are you involved?			
Amount or items requested:		Purpose of request:	

### INFORMATION ON SPOUSE (Please skip this section if you are not married.)

Last Name:		First Name:	
Address:		Apt #:	
City:		State:	Zip:
Phone numbers: Mobile:		Work:	Home:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:    /    /	Age:
Is your spouse a member?      Yes      No			

What events lead to your needing assistance?

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Have you received assistance from us in the past?      Yes      No

When/What?

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## OTHER INDIVIDUALS SHARING YOUR HOUSEHOLD

NAME	AGE	RELATIONSHIP

## APPLICANT'S EMPLOYMENT HISTORY

Present/Most Recent Employer:		
Supervisor:		Phone:
Address:		
City:	State:	Zip:
Employment dates:                      to		
Position and Job Description:		
Reason for leaving:		
If you are unemployed, are you currently seeking employment?      Yes      No		
How long have you been unemployed?		Reason:
What steps are you taking to seek active employment?		

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## HOUSING

Own/Purchasing	Renting	How long have you been at your present address?	
Do you have access to a car?		Yes	No
Have you seen a financial counselor within the last six months?		Yes	No If so, with whom?
Have you contacted anyone else for assistance within the last six months? Please specify: Family      Churches Friends      Agencies			
What steps are you taking to improve your present situation?			
Do you have physical or emotional issues that hinder you from meeting your financial needs?		Yes	No
Please Explain:			
Are you willing to participate in a self-help program?		Yes	No

**Please attach documentation of need such as a notice from landlord or utility company.**

***I authorize First Presbyterian Church of Champaign to verify all information provided.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### FOR OFFICE USE ONLY

Business Manager Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved      Not Approved

Pastor Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved      Not Approved

Comments:

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