

# Benevolent Fund Guidelines and Instructions

As an applicant for a Benevolent Fund disbursement, it is responsibility to read and follow all guidelines very carefully before submitting your application. Because checks are **only** made to creditors, be sure to attach copies of all relevant bills.

**The EBC Benevolent Fund provides funds on a Biblical basis, outlined below:**

**Provision of Food, clothing, and housing:**

§ “If a brother or sister be naked, and destitute of daily food, and one of you say unto them, depart in peace, be ye warmed and filled: notwithstanding ye give them not those things which are needful to the body; what doth it profit?” *James 2:15-16*

§ “Then shall the King say unto them on his right hand, Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world: For I was an hungered, and ye gave me meat: I was thirsty, and ye gave me drink: I was stranger, and ye took me in: Naked, and ye clothed me: I was sick, and ye visited me: I was in prison, and ye came unto me.” *Matthew 25:34-35*

**Provision of health that is necessary for a person’s well being:**

§ “Is any sick among you? Let him call on the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord.” *James 5:14*

**Please adhere to the guidelines outlined below.**

1. The Benevolent Fund application must be **completed in full** by all applicants and may be obtained from the Church Office. Applications will be reviewed by our Pastoral Care Ministry. At the Pastoral Care Ministry’s discretion, the applicant may be called for an interview before a decision is made.
2. Application processing should be completed within forty-eight hours of the request date. In extreme emergency situation, this process may be accelerated, subject to approval by the reviewing parties. **Please note: Active members of Ebenezer Baptist Church will be considered first.**
3. Applicants who submit applications indicating poor stewardship of God’s blessings will be asked to receive counseling.
4. Special attention shall be given to widows and elderly who are on a fixed income or minimum income. Special consideration shall also be given to senior members of the church body who are on fixed incomes. Each request for financial assistance will be handled as a special case.
5. Request for funds to a third party agency (I. E, Rent, gas, electric, heating) shall be made put to the agency, noting the member’s account number.
6. The requested amount may not exceed \$250 and is subject to the availability of funds, the number of prior approved applications, and the due date of the request.
7. The Benevolent Fund Application must be turned on along with the following accompanying forms: Benevolent Fund Application - Questionnaire, Benevolent Fund Application - Budget Plan, and a copy of the relevant bill.
8. This form and all information received will be keep strictly **confidential**.

\*\*\*\*\***KEEP FOR YOUR RECORDS**\*\*\*\*\*

# FINANCIAL REQUEST INFORMATION

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

Amount Requested \_\_\_\_\_ Organization \_\_\_\_\_

1. Please provide detailed answers to each of the questions included on the benevolent fund Application - Questionnaire and attach them to this application. The more information you provide the easier it is to make a decision on your application.
2. Please complete the budget plan on the Benevolent Fund Application - Budget Plan and attach it to this application. Be sure to attach copies of relevant bills.

**Benevolent Fund Application**  
**Please type or print.**

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Marital Status(**circle one**): Single Married Divorced Separated Single Parent Widowed

Number of children living with you \_\_\_\_\_ their ages \_\_\_\_\_

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**Employment Information**

Working \_\_\_\_\_ Laid Off \_\_\_\_\_ Other (specify reason) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ How longed employed? \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ How longed employed? \_\_\_\_\_

**Membership Information**

Are you a member of EBC? \_\_\_\_\_ How long have you been a member? \_\_\_\_\_

Is you spouse a member of EBC? \_\_\_\_\_ How long have they been a member? \_\_\_\_\_

Are you active in any ministry? \_\_\_\_\_ Which one: \_\_\_\_\_

How long have you been active in this ministry? \_\_\_\_\_

Do you attend and contribute financially and on a regular basis? \_\_\_\_\_

**Benevolent Fund Application - Questionnaire**  
**Please Print Legibly**

**Note: Use additional paper if needed.**

1. Explain in detail reason for your Benevolent Fund Request.
2. Have you sought funds elsewhere? If so, where?
3. Are you presently receiving any income from sources other than your job? If so, explain.
4. Are others beside the husband, wife and children living in your household? If so, explain.
5. Are others in your household working? If so, explain the nature of their contribution to household expenses.
6. Is there anyone in your household with additions? If so, please explain the nature of the addition.
7. Are you willing to receive financial counseling if requested? If not, please explain.

**Benevolent Fund Application - Budget Plan**  
**Please Print Legibly**

**Note: Please attach copies of a relevant bill to this budget plan.**

**INCOME**

Gross Income (before taxes)	\$
Net Income (after taxes)	\$
Child Support/Alimony	\$
Savings	\$
Other Income	\$
<b>Total Income</b>	\$

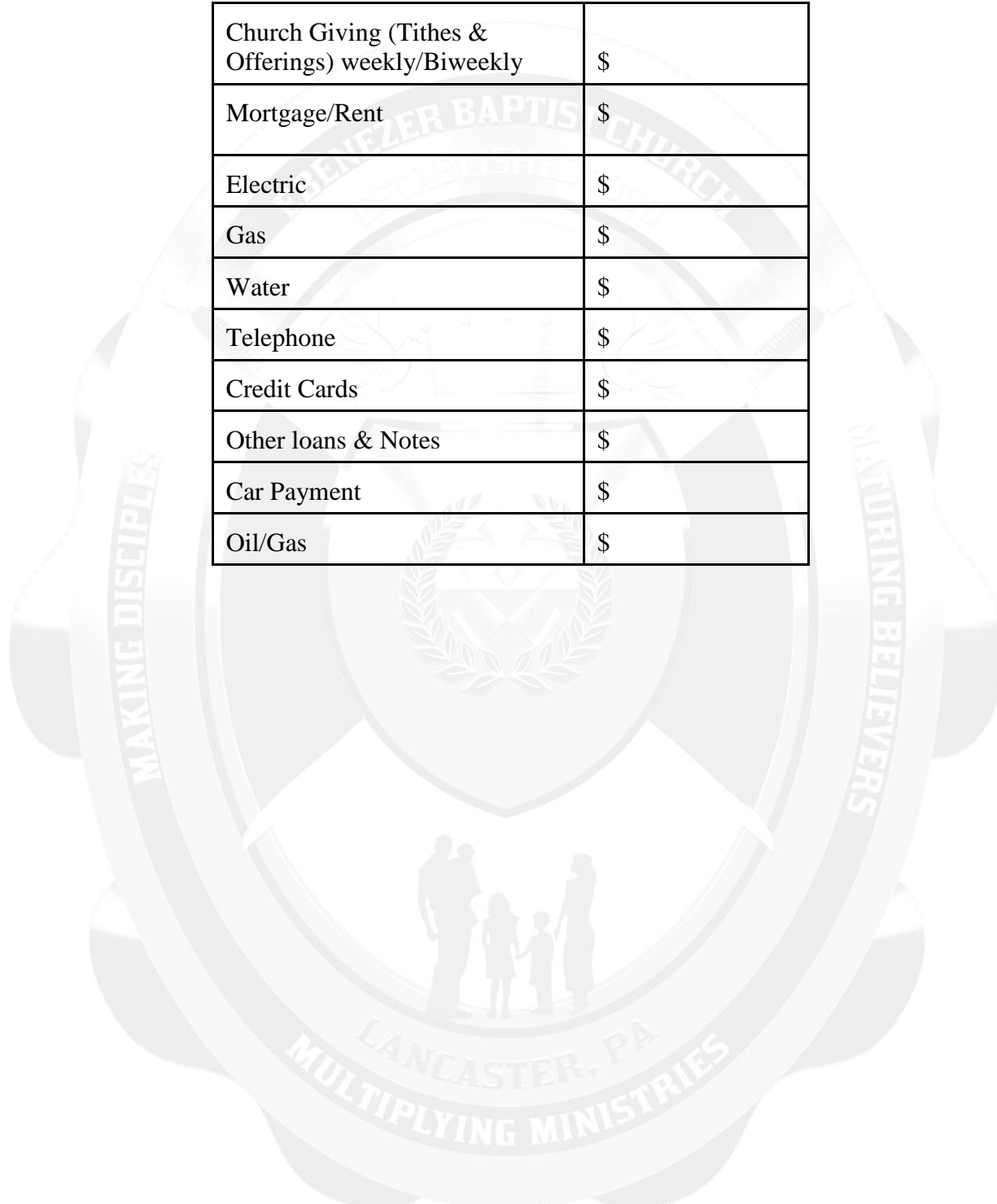
**EXPENSES**

Car Insurance	\$
Child Support/Alimony	\$
Payments	\$
Child Care	\$
Medical	\$
Life/Heath Insurance	\$
Entertainment	\$
Food	\$
Clothing	\$
<b>Total Expenses</b>	\$

**Discretionary Income (Total Income - Total Expenses) =**

\$ \_\_\_\_\_

Church Giving (Tithes & Offerings) weekly/Biweekly	\$
Mortgage/Rent	\$
Electric	\$
Gas	\$
Water	\$
Telephone	\$
Credit Cards	\$
Other loans & Notes	\$
Car Payment	\$
Oil/Gas	\$



**Benevolent Fund Approval**  
**Please Print Legibly**

**Applicant: Please complete top portion only.**

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

This application was: Approved \_\_\_\_\_ Denied \_\_\_\_\_

If approved, applicant must sign the agreement statement below.

Amount granted \$ \_\_\_\_\_ Disbursement Date \_\_\_\_\_

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

If denied, EBC must provide the reasons for denial below.

- 1.
- 2.
- 3.

Pastoral Care Ministry's Representative:

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