

## EMMANUEL AFRICAN METHODIST EPISCOPAL CHURCH

### BENEVOLENCE APPLICATION

*Bear one another's burdens and so fulfill the law of Christ.*

--Galatians 6:2

#### **Please read this page carefully before completing the application!**

- Emmanuel African Methodist Episcopal Church (EAME) members, regular attendees, and people not associated with EAME may apply for financial assistance through our Benevolence Ministry. Members' and regular attendees' requests will be given priority for assistance; however, whenever possible the needs of people not associated with EAME will be carefully considered.
- Although it is our sincere desire to provide financial assistance to all who ask, we are unable to consider any requests except those that are short-term in nature. We are not able to provide long-term assistance.
- Applicant must complete application for review.
- Upon completion of the Benevolence application, please return it to the EAME church office to the attention of Missions and Welfare Commission; or the application can be mailed to EAME, 240 Chatham Heights Road, 22405 or faxed to 540-371-9255. Please feel free to take this form home for completion at your convenience.
- Once EAME has received an application it will be reviewed and information verified. Applicants will be asked to meet with the Missions and Welfare Commission and/or will be called by the commission to discuss the requests. If applicant meets EAME guidelines, an interview will be scheduled with the commission. (If applicant is married, the husband and wife are both expected to attend).
- Interviews are scheduled on Monday nights starting at 7:00 p.m. (There may be times when special meetings are arranged to meet the needs of the applicant.)
- When an interview is scheduled with the commission the **applicant must**:
  - Come to the church office at the scheduled time and wait for a committee member. Please call 540-371-9222 before 5 p.m. on scheduled day if unable to attend the interview).
  - Bring to the interview **only copies** of bills, invoices, eviction notices, paychecks, and other documentation that may assist the commission in accurately understanding your financial situation. (The committee **will not** accept any original bills or invoices). If financial assistance is requested, bills must be in the individuals name requesting the assistance. If funds are approved and available, check(s) will be made payable only to the service provider(s) to whom bill(s) are owed; (e.g., landlord, utility provider, etc.).
  - Demonstrate an effort to follow biblical money management principles by attending the financial seminar provided by the ministry.
- All information provided on the benevolence application will be kept as private as possible, so please be open and honest in responding to questions. It is likely that during the application process, your information maybe reviewed by members of our church staff and Pastors. We are not here to judge anyone, but rather to provide compassionate assistance according to our guidelines and available resources in time of difficulty.
- In order for applicants to discuss these issues candidly and without distraction, it is requested that applicants arrange for childcare during the interview with the commission.
- The benevolence application process may require 7 business days. Failure to bring required documents could delay the process. Filling out this application and/or interview with the commission **does not** guarantee that monetary assistance will be provided. Disbursements are made directly to creditor. At no time is cash distributed.

**Special Note to Applicant:** Please keep this page of the application for your review and compliance.

## EMMANUEL AFRICAN METHODIST CHURCH

### Benevolence Application (Members)

Today's Date		
Name(s)		
Address		
City:	State:	Zip Code:
County:	E-mail address:	
Home phone:	Work phone:	Cell phone:
Married ( <input type="checkbox"/> ) Single ( <input type="checkbox"/> ) Separated ( <input type="checkbox"/> ) Divorced ( <input type="checkbox"/> ) Widow/Widower ( <input type="checkbox"/> )		
Spouse/Roommate name:		
Have you or anyone else in your household been assisted by EAME? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )		
If yes, when was the assistance provided?		

In order to determine how and/or if we can be of assistance, please complete the following questions: *(Use back of page if necessary)*

What is your need today and what specific help are you requesting?

What is the crisis of situation that has caused you to ask for assistance?

If assisted by EAME, how will you pay for next month's rent/utilities, etc?

Have you been assisted by any other church/agency/organization? If yes, provide name and assistance received. *(Use back of page if necessary)*

<b>Please list your present/past employment:</b>		
Place of employment	Dates of employment	Reason for leaving
Current		
Past		
Past		

**Total Household Income/Monthly Expenses**

Income	Income Amount	Types of Expenses	Expense Amount	Past Due Amount
Wage 1 (name)		Housing		
Wage 2 (name)		Electric		
Social Security		Gas		
Disability		Water		
Veteran's Disability		Phone		
Retirement		Cable		
Food Stamps		Cell Phone		
Family		Car Payment 1		
Friends		Car Payment 2		
Unemployment		Gasoline		
Workers Comp		Auto Insurance		
Child Support		Home Insurance		
Other Agencies		Health Insurance		
Any Other Income		Groceries		
		School Lunches		
		Medical		
		Child Care		
		Child Support		
		Loans		
		Credit Cards		
		Club Memberships		
		Others (explain)		
Total Income		Total Expenses		

Mortgage Company
Address
City, State, Zip
Account #
Phone #

Landlord/Apartment Name
Address
City, State, Zip
Phone #

If you are assisted by benevolence please consider a financial contribution when you are economically capable. This ensures that others can be helped when their need arises.

**Release of Information**

I hereby authorize the release of information to Emmanuel African Methodist Church (EAME) to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand EAME may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for EAME to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

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

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Signature

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Date

*A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another. John 13:34*

<b>Office Use Only:</b>	
Member Status	
Date of Entry	
Organizational Involvement	
Approved ( )	Did Not Approve ( )
Amount \$	

Emmanuel African Methodist Episcopal Church  
240 Chatham Heights Road, Fredericksburg, VA 22405  
(540) 371-9222 (phone) (540) 371-9255 (fax)  
emmanuelamech.org