

**Frankford Community Free Methodist Church (FCFMC)
Benevolence Fund Request Form**

All information provided by this form will be handled respectfully and confidentially by FCFMC staff and the Benevolence Fund Committee.

Date: _____

Name: _____

Address: _____

How long have you lived at this address? _____

Phone Number: _____ (home, work, cell)

E-mail address: _____

How many in your family? _____ What ages? _____

Are you currently involved in a local church? _____ If so, please state church and location:

Present Employer: _____

Location: _____

If unemployed, list the last three places you have worked or applied for work, and the dates:

1. _____

2. _____

3. _____

What is your present need of assistance? _____

Why did you come to FCFMC for assistance? _____

What steps have you already taken to meet this need? _____

Have you previously received assistance from FCFMC? _____

If so, when? _____ Amount? _____

What need was covered by this assistance? _____

During the past six months, have you received assistance from any of the following sources? If so, check by their name and describe what kind of assistance was given.

___ Community Program _____

___ Other Church _____

___ Family _____

___ Loans _____

___ Other Source _____

What is your plan to overcome your current financial struggles in order to become self-sufficient? How long do you anticipate it will take to become financially independent? What steps are you currently taking? _____

Are you willing to participate in financial counseling? Yes _____ No _____

Signature: _____

Office Use Only:

Interviewer: _____ Date _____

Observations: _____

Recommendations: _____

Approval Signature: _____ Amount Approved: _____