

**Winchester Bible Church
Benevolence Application 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 the date received. 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. **NO Request over \$600.00 will be considered for approval.**

Please Print

FAMILY INFORMATION

Applicant's Name _____
Spouse's Name _____

Household Members

Name	Relationship		Date of Birth

Current Address _____ City _____ Zip _____
Cell Phone _____ Work Phone _____

EMPLOYMENT INFORMATION

Employer _____ How Long? _____
Spouse's Employer _____ How Long? _____
If Unemployed, How Long? _____
Reason for Unemployment? _____

Total Amount of your Request? \$ _____

What is your request for? _____

Please explain the need and what circumstances led to this request

Are you currently attending WBC? Yes No

• Are you currently tithing at Winchester bible Church? Yes No

• Have you been helped previously by WBC? Yes No

• Have you received assistance from any other church, Ministry or agency during the past 6 months? Yes No

If yes, whom? _____

Amount and/or type of assistance? _____

• In which area of ministry do you volunteer at WBC?

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.

Type of Monthly Income/Cash Available	Current Monthly Income Amount or amount earned before unemployed	√ 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		
Total Income			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		
			Cigarette/Alcohol		
			Loans(explain)		
			Other Expenses		
			Total Expenses		

FOR OFFICE USE ONLY:	
Approved Amount \$ _____	Pay To: _____ P.O. # _____
Previous Assistance? _____	Yes No
Approved By: _____	Date: _____
Approved: Via Email, Meeting, Text Message	
Check # _____	Date of Check _____