



## Benevolence Request

*Galatians 6:10 (NIV) <sup>10</sup> Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers.*

The purpose of this fund is to assist covenant partners and staff in times of extreme need. The type of help provided by this fund includes, but is not limited to, utility, gas, medical, auto or rent/mortgage bills, and will be paid directly to the vendor. A copy of the bill must be attached. There is a \$250.00 limit per calendar year for assistance, subject to approval by the Benevolence Committee. Applicants are encouraged to also seek other forms assistance through local agencies (visit [www.auntbertha.com](http://www.auntbertha.com) for suggestions).

Information on this form is confidential and will only be shared with the Benevolence Committee and the Financial Administrator.

### RECIPIENT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

HPC Affiliation:  Covenant Partner  Staff

Do you have a personal relationship with Jesus Christ?  Yes  No  Not sure

What best describes your church attendance?  Frequent  Sometimes  Seldom  Never

### REQUEST (please attach copy of bill or invoice):

Amount requested: \_\_\_\_\_

Date requested: \_\_\_\_\_

Please explain need: \_\_\_\_\_

In your opinion, which best describes your financial situation?

Short term need  Long term situation

Have you received assistance from the Church in the past calendar year?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you willing to receive financial counseling?  Yes  No

Requestor signature: \_\_\_\_\_ Date: \_\_\_\_\_