

# Palm Vista Baptist Church

17475 W. Bell Road, Surprise, AZ 85388  
623-544-0561 ♦ [www.palmvista.com](http://www.palmvista.com)

## Member BENEVOLENCE Request

The Benevolence Ministry of Palm Vista Baptist Church is charged with distributing benevolence funds and defining what constitutes a true need according to biblical standards. Our decisions are made in accordance with the mandates of Scripture and the leading of the Holy Spirit. These funds come from the blessings that the Lord has given us. WE are charged with being good stewards of God's money and part of that involves the support of those in need of emergency assistance. We are concerned about your spiritual needs as well as your physical needs.

### ALL QUESTIONS ON THE APPLICATION FORM MUST BE COMPLETED

1. The primary objective of the benevolence ministry of Palm Vista Baptist Church is to assist those in need of emergency assistance.
2. No benevolence is ever administered to relieve the consequence of sin.
3. All benevolence is given to assist the recipient to help himself/herself work through the problem, not to bail them out of the situation with no effort on their part.
4. All benevolence checks will be made payable to the debtor in cases of bills (i.e. landlord, electric co., etc.) and only in rare circumstances to the recipient of the financial aid.
5. Requests for benevolence require review by the benevolence team of Palm Vista Baptist Church, which **NORMALLY TAKES UP TO FOURTEEN (14) DAYS**. All applications must have a signed authorization for release of information before processing can begin. **WE WILL CONTACT THE APPLICANT WHEN THE TEAM HAS REACHED A DECISION.**
6. Palm Vista Baptist Church will assist people in need only in obedience to the Lord's will and **cannot be dictated by the urgency of circumstances.**
7. Every case is CONFIDENTIAL. Violating confidentiality may result in disqualification of any request submitted, either currently being considered or in the future.
8. Proof of income is required with copies of last two pay stubs attached.
9. **COPIES OF BILLS TO BE PAID MUST ACCOMPANY REQUEST.**
10. **ALL QUESTIONS** on the application form **MUST BE COMPLETED**, or the form will be returned to applicant for completion before we will process the request.

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Administrative Response

Deacon Signature \_\_\_\_\_ Approved YES \_\_\_\_\_ NO \_\_\_\_\_

Deacon Signature \_\_\_\_\_ Amount Approved \_\_\_\_\_

Deacon Signature \_\_\_\_\_ Reason for Denial \_\_\_\_\_

## PALM VISTA BAPTIST CHURCH BENEVOLENCE REQUEST FORM

RESPONSES TO QUESTIONS MUST BE PROVIDED IN ORDER FOR APPLICATION TO BE CONSIDERED.

### PERSONAL INFORMATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day # (\_\_\_\_) \_\_\_\_\_ Evening # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Sex (M / F) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

### MARITAL STATUS

Single     Engaged     Married     Separated     Divorced     Widowed

### INFORMATION ON SPOUSE

Last Name \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day # (\_\_\_\_) \_\_\_\_\_ Evening # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Sex (M / F) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

### PLEASE LIST SPECIFIC REQUEST NEEDED A THIS TIME

Amount

For

\$ \_\_\_\_\_ Utility **Circle appropriate one: GAS    ELECTRIC    WATER**

\$ \_\_\_\_\_ Rent/House Payment \_\_\_\_\_

\$ \_\_\_\_\_ Other \_\_\_\_\_

### EXPLAIN HOW YOU CAME TO BE IN THIS FINANCIAL SITUATION

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**HOUSEHOLD MEMBERS – List ALL persons living at this address.**

Name	Date of Birth	Relationship	Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a Social Worker?  Yes  No Social Worker \_\_\_\_\_  
Agency \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT'S EMPLOYMENT HISTORY**

Present/Most Recent Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employment Date \_\_\_\_\_ to \_\_\_\_\_  
Position and Job Description \_\_\_\_\_  
Reason for leaving (if not currently working) \_\_\_\_\_

**SPOUSE'S (OR FAMILY MEMBER'S) EMPLOYMENT HISTORY**

Present/Most Recent Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employment Date \_\_\_\_\_ to \_\_\_\_\_  
Position and Job Description \_\_\_\_\_  
Reason for leaving (if not currently working) \_\_\_\_\_

**HOUSING**

Own/Purchasing  Renting How Long at Present Address \_\_\_\_\_ Other \_\_\_\_\_  
Landlord/Mortgage Co. \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MUST BE FILLED OUT COMPLETELY, INCLUDING TOTALS, TO BE CONSIDERED**

**WHAT I OWN (Today's Value)**

Checking Accounts \$ \_\_\_\_\_  
 Savings Accounts \$ \_\_\_\_\_  
 Money Market Funds \$ \_\_\_\_\_  
 Certificates of Deposit \$ \_\_\_\_\_  
 Mutual Funds/Stocks/Bonds \$ \_\_\_\_\_  
 Life Insurance (cash value) \$ \_\_\_\_\_  
 Home (market value) \$ \_\_\_\_\_  
 Car (yr\_\_\_\_make\_\_\_\_) approx value \$ \_\_\_\_\_  
 Car (yr\_\_\_\_make\_\_\_\_) approx value \$ \_\_\_\_\_  
 Other Property Market Value \$ \_\_\_\_\_  
 IRA(s) Retirement Funds \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
  
**Total** \$ \_\_\_\_\_

**MONTHLY INCOME  
(If weekly, multiply by 4)**

Employment  
     Job 1 (actual take home pay) \$ \_\_\_\_\_  
     Job 2 \$ \_\_\_\_\_  
 Spouse  
     Job 1 (actual take home pay) \$ \_\_\_\_\_  
     Job 2 \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 SSI or Disability \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 VA \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 AFDC \$ \_\_\_\_\_  
 Dividends/Interest \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
  
**Total** \$ \_\_\_\_\_

**WHAT I OWE (unpaid balances)**

Mortgage (balance) \$ \_\_\_\_\_  
 Home Equity Loan \$ \_\_\_\_\_  
 Taxes – list city, real estate etc. \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Master Card/Visa \$ \_\_\_\_\_  
 Dept. Stores \$ \_\_\_\_\_  
 Gas Card \$ \_\_\_\_\_  
 Other Credit Cards \$ \_\_\_\_\_  
 Bank Loan \$ \_\_\_\_\_  
 Finance Company \$ \_\_\_\_\_  
 Furniture/Appliances \$ \_\_\_\_\_  
 Car Loans \$ \_\_\_\_\_  
 School Loans \$ \_\_\_\_\_  
 IRS Debt \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
  
**Total** \$ \_\_\_\_\_

**MONTHLY EXPENSES**

First and Second Mortgage / Rent \$ \_\_\_\_\_  
 Real Estate Tax / Ins. / PMI / HOA \$ \_\_\_\_\_  
 Home Upkeep / Maint. / Furnishings \$ \_\_\_\_\_  
 Car Payment(s) \$ \_\_\_\_\_  
 Auto Insurance/ License/ Taxes \$ \_\_\_\_\_  
 Auto Maint. / Repair/ Tires \$ \_\_\_\_\_  
 Savings: Em. Fund / Ret. / College \$ \_\_\_\_\_  
 Gasoline \$ \_\_\_\_\_  
 Electricity and Gas \$ \_\_\_\_\_  
 Water and Trash \$ \_\_\_\_\_  
 Home Phone / Cable / Internet \$ \_\_\_\_\_  
 Cell Phone(s) \$ \_\_\_\_\_  
 Daycare \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Health and Dental Insurance \$ \_\_\_\_\_  
 Life and Disability Insurance \$ \_\_\_\_\_  
 Medical Bills (ded. / copay / meds) \$ \_\_\_\_\_  
 School Loan Payment(s) \$ \_\_\_\_\_  
 Bank Loan Payment(s) \$ \_\_\_\_\_  
 Credit Card Payments (minimum) \$ \_\_\_\_\_  
 Charitable Contributions \$ \_\_\_\_\_  
 Groceries \$ \_\_\_\_\_  
 Clothes \$ \_\_\_\_\_  
 Eating Out \$ \_\_\_\_\_  
 Haircuts / Toiletries / Cosmetics \$ \_\_\_\_\_  
 Tuition / Supplies \$ \_\_\_\_\_  
 Gifts (Birthday / Christmas) \$ \_\_\_\_\_  
 Entertainment / Recreation / Vacation \$ \_\_\_\_\_  
 Misc. \_\_\_\_\_ \$ \_\_\_\_\_  
  
**Total** \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you seen a financial planner/advisor within the last 6 months?  Yes  No

Who? \_\_\_\_\_

Have you contacted anyone else for assistance within the last 6 months?  Yes  No

Please specify amount(s) received \_\_\_\_\_

Family/Friends \_\_\_\_\_

Churches/Agencies \_\_\_\_\_

What steps are you taking to improve your present situation? \_\_\_\_\_

What is the name of your church home? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Minister's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you regularly attend church?  Yes  No Since \_\_\_\_\_

How frequently? \_\_\_\_\_ Are you a member?  Yes  No

Who suggested that you contact Palm vista Baptist Church?

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Have you previously received help from Palm Vista Baptist Church?  Yes  No

When?/What? \_\_\_\_\_

Reference Names Phone Relationship

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

**DESCRIBE YOUR RELATIONSHIP WITH JESUS CHRIST:**

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

1. The undersigned applicant for assistance from Palm Vista Baptist Church of Surprise, Arizona (hereinafter referred to as "Church") or any person or volunteer working with the Church to release or receive any and all information without restriction or qualifications, from the record of the affiant(s).
2. The undersigned further authorizes any agency, group or entity to release any and all information without restriction or qualification from the file or record of the undersigned to the Church for the purpose of consideration of my request to the Church for assistance.
3. The undersigned understands, ages and authorizes that any and all such information received or released will be reviewed by the Benevolence Ministry of Palm Vista Baptist Church for purposes of consideration of my request.

**PLEASE SIGN BELOW**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_