

## Orchard Farm Baptist Church (OFBC) Benevolence Application

OFBC is committed to serving those in a crises situation by providing temporary emergency help when resources are available. Please complete the application in its entirety. Failure to complete the application will result in the rejection of the request. Be advised, that by filling out this application that there is no guarantee that your request will be granted. In addition, **we will not issue a check in the name of any individual under any circumstances.**

*I have read and understand the aforementioned statement. Please initial here.* \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s) Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

Employment Status: Employed  Terminated  Laid-off  Resigned  Disabled

If unemployed, how long: Since \_\_\_\_/\_\_\_\_/20\_\_. Reason: \_\_\_\_\_

If employed, company name: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Marital Status: Married  Single  Divorced  Separated  Widowed  Living-together

If married, spouse's name: \_\_\_\_\_ # of children at home: \_\_\_\_ Ages: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Are you a member of OFBC? Yes  No

If you are not a member of OFBC, would you like to receive information about us?

Yes  No

### FINANCIAL INFORMATION

Who is working in your home and what is their monthly income?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Do you receive: Child Support  TANF  Food Stamps  Unemployment  SS or Disability

If so, please give the amounts and /or cash values. \$ \_\_\_\_\_ \$ \_\_\_\_\_

Have you received previous assistance from OFBC? Yes  No  If yes, when? 6 months  12 months

**AMOUNT REQUESTED**

What is the total amount of assistance needed? \$ \_\_\_\_\_ *Please briefly explain why.*

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Please list the entity to which we might issue a check. Please include the amount and a copy of the billing statement to substantiate the amount you are requesting.

Name of Creditor \_\_\_\_\_ Amount \_\_\_\_\_ Due Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Creditor's Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

Name of Creditor \_\_\_\_\_ Amount \_\_\_\_\_ Due Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Creditor's Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

**I understand that OFBC provides temporary financial assistance to individuals who are in crisis situations. I certify that the statements on this application are accurate and understand that any incorrect statements will result in the automatic denial of my request.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_