

# BENEVOLENCE APPLICATION

(This is a confidential application for review by the Benevolence Committee only.)

**Our Benevolence program is designed to help our church family. In order to be considered, this application and a financial profile must be filled out completely.**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

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

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status: Married  Separated  Divorced  Single  Widowed

Names and ages of children currently living with you

1.	age	2.	age	3.	age
4.	age	5.	age	6.	age

How long have you lived at your present address? \_\_\_\_\_ Years and \_\_\_\_\_ months

Do you own or rent your home? Own  Rent

Auto information: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

Do you lease or own your automobile? Own  Lease

What is your involvement with Lighthouse Christian Center?

I took the membership class and became a member. When? \_\_\_\_\_

I am an attendee: How long? \_\_\_\_\_

Church attended prior to Lighthouse:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

In what past and present ministries have you served at Lighthouse? \_\_\_\_\_

My Home Group (Servant Leader) name: \_\_\_\_\_

Where does your closest relative live? \_\_\_\_\_

Does he/she know about your need? Yes  No

Are you currently receiving assistance from any other source? Yes  No

*Example: Family, SDI, Unemployment, Other Churches*

If yes, please give source of assistance and amount/type of assistance received: \_\_\_\_\_

Occupation \_\_\_\_\_

Current Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_\_

Spouse's Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_\_

If unemployed, please list when and where you were last employed. Date of Termination \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_\_

What other resources offered at Lighthouse have you pursued? \_\_\_\_\_  
(For example: Church Counseling, Care Community Groups, and Celebrate Recovery.)

Have you applied or received assistance from Lighthouse Church in the past?  
Yes  No  Amount of assistance \_\_\_\_\_

Have you (and your spouse, if married) received any financial counseling in the past? Yes  No

Tell us about your need and how you feel we can best help you. Include what life circumstances brought you to this place. **PLEASE ATTACH COPIES OF ALL BILLS FOR WHICH YOU ARE REQUESTING ASSISTANCE.**

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Please list your **SPECIFIC NEEDS** and the **AMOUNT** you are requesting:

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Thank you for completing this application.  
You will be contacted within the next week.

The Benevolence Team



# BENEVOLENCE FINANCIAL PROFILE

Please fill in all sections as well as you can.

Date \_\_\_\_\_

## WHAT I OWN:

CHECKING ACCOUNTS	\$ _____
SVINGS ACCOUNTS	\$ _____
MONEY MARKET ACCTS	\$ _____
CERT. OF DEPOSIT	\$ _____
STOCKS/MUTUAL FUNDS	\$ _____
INSURANCE (CASH VALUE)	\$ _____
HOME (MARKET VALUE)	\$ _____
CAR (MAKE _____ YR _____)	\$ _____
CAR (MAKE _____ YR _____)	\$ _____
OTHER PROPERTY	\$ _____
IRA'S/RETIREMENT FUNDS	\$ _____
OTHER (EX: BUSINESS...)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

## WHAT I OWE:

	DEBIT NAME	TOTAL BALANCE	INTEREST %	MONTHLY PAYMENT
<b>MORTGAGE</b>	_____	\$ _____	_____	\$ _____
ADD'L REAL ESTATE LOANS	_____	\$ _____	_____	\$ _____
<b>CREDIT CARDS</b>	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

### OTHER DEBITS: (Personal Loans, Student Loans, Business Debt, Medical, Legal, IRS, etc.)

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Credit Card and Other Sub-Total: \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

**Total:** \_\_\_\_\_

# MONTHLY EXPENSES (BUDGET)

For annual expenses, please divide by 12 for monthly amount.

Please enter the amounts you are currently spending, not what you think you should be spending.

<b>GROSS INCOME</b>	\$ _____
- TAXES	\$ _____
- GIVING/TITHING	\$ _____
- SAVINGS	\$ _____
- DEBT REPAYMENT (pg. 1)	\$ _____
<b>NET INCOME</b>	\$ _____

<b>HOUSING</b>	
MORTGAGE/RENT	\$ _____
PROPERTY TAXES	\$ _____
HOME INSURANCE	\$ _____
HOME OWNER ASSOC. DUES	\$ _____
MAINTENANCE	\$ _____
INSURANCE	\$ _____
ELECTRICAL	\$ _____
GAS	\$ _____
WATER	\$ _____
GARBAGE	\$ _____
TELEPHONE	\$ _____
CELL PHONE	\$ _____
FURNISHINGS	\$ _____
OTHER	\$ _____
<b>TOTAL</b>	\$ _____

<b>TRANSPORTATION</b>	
CAR PAYMENT	\$ _____
CARE PAYMENT	\$ _____
INSURANCE	\$ _____
LICENSE/REGISTRATION	\$ _____
GAS	\$ _____
MAINTENANCE	\$ _____
OTHER	\$ _____
<b>TOTAL</b>	\$ _____

<b>INSURANCE</b>	
LIFE	\$ _____
MEDICAL	\$ _____
DENTAL	\$ _____
OTHER	\$ _____
<b>TOTAL</b>	\$ _____

<b>HOUSEHOLD/PERSONAL</b>	
FOOD	\$ _____
BEAUTY	\$ _____
LAUNDRY	\$ _____
BOOKS, CD'S, DVD'S	\$ _____
GIFTS	\$ _____
CLOTHING	\$ _____
EDUCATION	\$ _____
LESSONS	\$ _____
ALLOWANCE	\$ _____
CHILD SUPPORT (that you pay)	\$ _____
OTHER	\$ _____
<b>TOTAL</b>	\$ _____

<b>PROFESSIONAL SERVICES</b>	
CHILD CARE	\$ _____
MEDICAL/DENTAL/VISION	\$ _____
PRESCRIPTIONS	\$ _____
LEGAL	\$ _____
COUNSELING	\$ _____
PROF. DUES	\$ _____
OTHER	\$ _____
<b>TOTAL</b>	\$ _____

<b>ENTERTAINMENT</b>	
DINING OUT	\$ _____
LUNCH/SNACKS	\$ _____
MOVIES/EVENTS	\$ _____
BABYSITTING	\$ _____
VACATION/TRIPS	\$ _____
LOTTERY/GAMBLING	\$ _____
CABLE TV	\$ _____
HEALTH CLUB/HOBBIES	\$ _____
OTHER	\$ _____
<b>TOTAL</b>	\$ _____

<b>TOTAL EXPENSES</b>	\$ _____
<b>NET INCOME</b> (from above)	\$ _____
<b>DIFFERENCE</b>	\$ _____