

Antioch Christian Church

Benevolent Request Form

All information and documents submitted will be held in the strictest confidence.

Date: _____

Name: _____

Address: _____

Email: _____

Phone # (Home): _____
(Cell) _____ (Work) _____

1. Are you a member of Antioch Christian Church? Yes ___ No ___
2. Which best describes your attendance at Antioch Christian Church during a month?
Frequent ___ Sometimes ___ Seldom ___ Never ___
3. When is the best time for you to help out at Antioch Christian Church?
4. Antioch Christian Church has a \$250 cap on Benevolent Funds getting issued. Is this amount acceptable to you?
5. In your opinion, which description best describes your financial situation? Short Term emergency ___ Short Term problem ___ Long Term problem ___
6. The total amount of your request is _____
What is the request for? _____

7. Have you included all documents to support your request? Yes ___ No ___

*****Documentation of need will be required before the Deaconate Ministry can review your request. There will be a two-week processing period from the time the Ministry receives your request before a decision is made to issue funds.*****

*****Interviews will be held on Friday of the week the request was received at 11 a.m. by phone or in person at Antioch Christian Church.*****

8. Who should we make the check payable to?

9. What other sources have you tried to obtain assistance from before coming to Antioch Christian Church?

10. Have you received assistance from the Antioch Christian Church Benevolent Fund in the past 12 months? Yes ___ No ___

If yes, please indicate dates and amounts of assistance.

11. Are you willing to receive financial counseling? Yes _ No ___

**12. Do you have a personal relationship with Jesus Christ? Yes ___ No ___
Not Sure ___**

13. Are you in need of family or spiritual counseling? Yes ___ No ___

**14. Are you currently employed? Yes ___ No ___ Full Time ___ Part Time
___**

15. Please list name and address of employer:

16. If married, is your spouse employed? Yes ___ No ___

17. Please list the name and address of your spouse's employer:

18. Total number of people in the household: _____

19. Total weekly household income: _____

20. Please explain briefly your current hardship that led you to request assistance from Antioch Christian Church. _____

Signature _____ Date _____

If married, signature of spouse _____ Date _____

LIMITS OF ASSISTANCE

**Need must be related to the short-term financial crisis -
Basic Needs :**

*Shelter
Food
Clothing*

*Utilities
Medical Emergency
Transportation Counseling*

Needs that may not be considered include the following:

***Legal Fees (family disputes,
criminal behavior)
Long-term and repetitive
expenses
Gambling debts***

***Penalties for late payments
School Tuition and Fees
Credit Cards
Business Debts***

***“O give thanks unto the God of heaven; for His mercy
endureth forever.”***

Psalm 136:26 KJV



September 2023