



IMPACTCHURCH
OF THE WOODLANDS
Benevolence Application

All Applications require 7-10 Business days for review.

The Benevolence Funds of The Impact Church are set-aside for those who have specific needs that directly affect receiving the necessities of life. Food, Clothing, Housing, Utilities, Transportation and Health are areas of most concern to the benevolence committee. If approved for assistance, all checks will be made payable direct to the creditor and not the applicant.

You must take full responsibility to insure that your application is filled out **completely and correctly**. Misrepresentation of facts and information provided in the application form can lead to disapproval of the application and future assistance by the Benevolence Committee.

The applicant must provide the following items with the application request:

- All bills directly related to the request.
- Current check stubs from all forms of wages and income.
- Photo copy of valid drivers license or photo ID

All decisions made by the committee will be final.

(Please Print Legible)

Personal Section			
Last Name	First Name	Middle Initial	Social Security Number
Address	City	State	Zip Code
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			Home Phone:
			Work Phone:
			Cell Phone:

Individuals Living In Household		
Full Name	Age	Relationship

3 Character References(No Relatives)

Full Name	Phone Number

APPLICANT'S EMPLOYMENT SECTION

Please start with your most recent job

From	Employer's Name/Address/ Telephone	Start Pay	Job Title
To		Ending Pay	Reason for Leaving
From	Employer's Name/Address/ Telephone	Start Pay	Job Title
To		Ending Pay	Reason for Leaving
From	Employer's Name/Address/ Telephone	Start Pay	Job Title
To		Ending Pay	Reason for Leaving

SPOUSE EMPLOYMENT SECTION

Please start with your most recent job

From	Employer's Name/Address/ Telephone	Start Pay	Job Title
To		Ending Pay	Reason for Leaving
From	Employer's Name/Address/ Telephone	Start Pay	Job Title
To		Ending Pay	Reason for Leaving
From	Employer's Name/Address/ Telephone	Start Pay	Job Title
To		Ending Pay	Reason for Leaving

FINANCIAL SECTION

(If the answer is zero or does not apply to you, enter 0.)

Income Description	Monthly Amount	Expense Description	Average Monthly Amount	Current Amount Due
Applicant's Gross Income	\$	Church Giving	\$	\$
Spouse Gross Income	\$	Mortgage / Rent	\$	\$
Applicants Net Income	\$	Electricity	\$	\$

Spouse Net Income	\$	Gas	\$	\$
Child Support	\$	Water	\$	\$
Social Services Assistants	\$	Home Telephone	\$	\$
Food Stamps (Lone Star)	\$	Cell Phone	\$	\$
Disability	\$	Savings	\$	\$
Social Security	\$	Car Note	\$	\$
Other Income	\$	Car Insurance	\$	\$
		Childcare	\$	\$
		Health Insurance	\$	\$
		DSL / Cable Modem	\$	\$
		Cable Television	\$	\$
		Food	\$	\$
		Clothing	\$	\$
		Entertainment	\$	\$
Total Gross Income	\$	Total Expense	\$	
Total Net Income	\$			

Are you a Member of The Impact Church? Yes No

What ministries are you actively involved in at The Impact Church? _____

How did you hear about The Impact Church Benevolence? Member (name) _____
 Friend (name) _____ Other (specify) _____

Have you applied for Benevolence from The Impact Church before? Yes No

If yes, when _____

BENEVOLENCE REQUEST

Amount of Request: \$

Type of Assistance: Housing Utilities Transportation Medical

Explain Reason Assistance is Needed:

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Business to be Paid			
Name of Business	Address	Telephone	Name of Contact

Please Read the Following Before Signing	
<p>I certify that the information provided herein is true and correct to the best of my knowledge. I understand that false statements on this Benevolence Application will be considered grounds for denial.</p> <p>I authorize the church to thoroughly investigate the information submitted with this request. I hereby release The Impact Church, and all other persons from any and all claims, demands, or liabilities arising from, or in any way related to, such disclosure.</p>	
Applicant's Signature	Date