



Journey of Faith Benevolence Application Instructions

Read this entire page before filling out the application. We will not process an incomplete application so please check to be sure you have completed the entire form (do not leave any field blank but put n/a or none). If you do not provide what is needed, we cannot help you.

Please understand that Journey of Faith (JoF) may not be able to give you immediate help. Allow up to 3-4 weeks for processing and understand that we cannot guarantee anything.

Return your completed application in person to the church office. Before you do, make sure you have attached the required documents of evidence. Do not email the church your application or evidences.

Journey of Faith Church, 3800 Carbon Rd., Irving, TX 75038
For questions: jofchurch@gmail.com

Journey of Faith Benevolence Application

About You

Full Legal Name:		
Marital Status: Single Married Divorced Widowed	Sex: M F	Age:
Address:		
City:	State:	Zip Code:
How long have you lived there?		
Phone (home, work, cell):		
Email: <i>Email is our primary means of communicating with you</i>		

Other adults (18 yrs or older) living at your address				
Name	Sex	Age	Current Employer	Relationship to you

Minors (under 18 yrs) living at your address				
Name	Sex	Age	School	Relationship to you

Church Affiliation

How did you hear about Journey of Faith Church?		
JoF member: Yes No	Attend other church: <input type="checkbox"/> Yes <input type="checkbox"/> No	Don't attend church: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone at JoF know your situation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", who?		
If you attend another church, specify which church.		
Have you applied for assistance there? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", who did you deal with? Provide name and phone number.		

Employment History

Are you currently employed? Yes No

List your and your spouse's present and past employment

	Place of Employment	Dates of Employment	Current or Previous	Reason for Leaving
You				
You				
You				
Spouse				
Spouse				
Spouse				

Please list current employment of other adults in the household

	Name	Place of Employment	Dates of Employment	Reason for leaving
1				
2				
3				
4				
5				
6				

Description of Need

To determine how and/or if we can assist, please provide the following information (Use separate page if necessary.)

What is your need today and what specifics help are you requesting?

A. Need (e.g. electricity)	B. Provider (e.g. Co/Serv)	C. Amount (e.g. \$153.00)

I understand that JoF Benevolence does not pay penalties for late payments (“late fees”)

Signature: _____

What is the crisis or the situation that has caused you to ask for assistance?

If assisted by JoF, how will you pay for next month’s bills (rent/utilities, etc)?

Monthly Household Income

Sources	Recipient	Amount	Documentation
Wages/Salary			
Wages/Salary			
Wages/Salary			
Wages/Salary			
Social Security			
SSI Disability			
VA Disability			
Retirement			
Food Stamps			
Family			
Friends			
Unemployment			
Workers Comp			
Child Support			
Other Agencies			
Any Other Income			
Total Monthly Income			

Assets

Checking Acct Balance	
Savings Acct Balance	
IRA/Retirement Fund Balance	
Value of Car 1	
Value of Car 2	
Value of House	

Monthly Expense

Expense Category	Monthly Payment	Current Amount Due
Rent/Mortgage		
Electric		
Gas		
Water		
Cable/Internet		
Phone/Cell Phone		
Car Payment 1		
Car Payment 2		
Gasoline		
Auto Insurance		
Home Insurance		
Health Insurance		
Groceries		
School Lunches		
Medical Expenses		
Child Care		
Child Support		
Consumer Loans Balance \$_____		
Credit Cards Balance \$_____		
Memberships (Gym, spa, etc)		
Other Expenses (explain purposes)		
Total Monthly Expenses		

Assistance by Others

Have you been assisted by any other church/agency/organization? Please list all churches, agencies, or organizations you have contacted for assistance. Provide the agency name and the name/phone number of the person you contacted. If you are a member or regular attendee of another church, you must apply there first. If you are not an JoF member or regular attendee and you live outside of Collin County, you must contact organizations in your own county before we will accept your application.

Churches/Agencies/Organizations Contacted*

Agency	Person Contacted	Phone

I hereby authorize the release of information to Journey of Faith Church (JoF) to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand JoF may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance and/or services.

I give permission for JoF to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I UNDERSTAND THAT THE BENEVOLENCE INTERVIEW PROCESS MAY INVOLVE POTENTIALLY UNCOMFORTABLE QUESTIONS AND ANALYSIS OF MY SITUATION AND SPENDING HABITS.

**I have read, understood, and agree to the policies above regarding the use of my personal information and the potential for discomfort in the Benevolence process.*

Signature* _____ **Date*** _____

A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another (John 13:34).

RELEASE AUTHORIZATION

EACH APPLICANT MUST COMPLETE THE FOLLOWING (please use the copy on the next page for your spouse or other adult in the home to complete):

I. In connection with my Benevolence application, I understand that a report or an investigative background check may be requested that will include information as to my identity, character, personal and financial history, experience, and reasons for termination of past employment. I understand that as directed by Church policy, you may be requesting information from public and private sources about my: workers' compensation, Social Security benefits, driving record, court record, education, financials, and references.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. Applicants are entitled to know if financial assistance is denied because of information obtained by Journey of Faith Church from a reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Journey of Faith Church or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address (City State Zip Code)

Date of Birth

The following states **require** sex and race to obtain information:
AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Driver's License Number State Issuing License

Name as it appears on license

Signature

Today's Date

Required Items for Benevolence Processing

Note: Every item listed on this checklist is required to complete a Benevolence Application. Since we cannot accept or process incomplete applications, please take the time and go step by step through this checklist to insure your application is complete. If any item is omitted or is not completed, the application will be considered void, and no assistance will be given.

When completing the Benevolence Application form, make sure that you have provided the following:

1. Completed and signed Release Authorization for every adult living at your address.
2. Photocopies of current and one prior month's bank statements (checking and savings), unemployment or Social Security statements, evidences of other income, or pay stubs to verify income for every adult living at your address.
3. Photocopies of current (less than 15 days old) bills that you want considered.
4. If you are requesting rent assistance: a photocopy of your lease agreement (first and last pages). We will only consider paying rent; you are responsible to pay any late fees.
5. If you are requesting bill assistance: Any bill submitted must be due in the current month. We cannot accept original bills so you must provide copies giving the exact amount due and the name and the address of the payee for every item listed as a need. Online printouts must also have the amount due and the name and address of the payee clearly printed on them.
JoF will make a copy of your Driver's License.

You will be notified of the next step if your application is complete.

Return your completed application in person to the church office. Before you do, make sure you have attached the required documents of evidence.

Color photocopy of the driver's license or other government issued photo ID for every adult living at your address. JoF staff will make color photocopies of the IDs for you.