



Benevolence Application

Please note that applicants must complete their applications no later than Tuesday at 4:00 PM, and acknowledge that they do so without any guarantee or implied guarantee that Journey Church of Hudson Valley will grant the desired request. Please complete the application in its entirety. Failure to complete the application will result in the rejection of the request. **Please note that the maximum benevolence gift is \$2000.00 in a 12 month period.** 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: _____

MEMBERSHIP INFORMATION

JCHV Member? Yes No

When did you unite with Journey Church of Hudson Valley? ____/____/____

Is your spouse a member? Yes No

Please list any ministries in which you currently serve. _____

How long and in what capacity are you serving? How long: _____

Capacity:

THE JOURNEY

If you are not a member of JCHV, 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 Food Stamps Unemployment SS or Disability

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

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

AMOUNT REQUESTED

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

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. (*Please note assistance is limited to the JCHV benevolence policy guidelines.*)

<u>Name of Creditor(s)</u>	<u>Amount</u>	<u>Due Date</u>
_____	_____	_____/_____/20____

Creditor's Phone Number () _____ - _____

<u>Name of Creditor(s)</u>	_____	_____/_____/20____
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Creditor's Phone Number () _____ - _____

I understand that the Journey Church of Hudson Valley provides 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____