

# ***Miles Chapel Baptist Church***

## ***Guidelines for Benevolence Fund***

The Miles Chapel Baptist Church has established a benevolence fund that is designed to assist individuals and families experiencing emergency situations and in financial need. It is intended as a source of last resort, to be used when persons requesting assistance has explored all other possibilities of help from family, friends, savings, other community resources, etc. It is intended to offer temporary help during a time of need.

Assistance from the fund is intended to be a **one time gift** in a calendar year. In unusual or extenuating circumstances, the benevolence fund may be used to help more than once.

Those requesting assistance should be willing to receive a 30 minute financial /spiritual counseling session.

Here are some important principles that are essential for a smooth process. These policies are **not** intended to burden you - but to simply be a responsible way for us to discern needs and use God's money wisely. We want to provide compassionate assistance according to our guidelines and available resources in time of difficulty.

### **Recipients:**

In order of priority recipients may request assistance from the Benevolence Fund:

- Church members
- Non-members/members of the community

### **Maximum Assistance Available:**

- **\$300.00**

We may help you, and this is how we will do it:

- We will encourage you to walk with God. That's the main reason we exist. If you do not have a relationship with God, we would love to help you come to know Jesus as your Savior and come to walk in God's way.
- We will treat you with dignity and respect and we expect the same from you.
- We will never give cash.
- If funds are available and approved, checks will be made payable only to the service provider to whom bills are owed; *e.g. mortgage company, utility provider, etc.*
- We do not pay; *automobile payments, telephone bills, security deposits, taxes or legal expenses.*
- We do not say "yes" without prayerful evaluation that includes asking you to fill out an application form and give us permission to verify the information you have stated. The review team will decide upon the application within a maximum of **10 business days**. When a decision has been made, the applicant will be notified by letter. Phone calls will

not be used to approve or disapprove the request and the church requires that it have written proof of its decision and notification to the applicant.

- **At time of interview, you must present copies, of invoices, eviction notices, disconnect notices, pay stubs and any other documentation that may assist the Benevolence Team in accurately understanding your financial situation. If financial assistance is requested, bills must be in the individual's name requesting the assistance. Failure to bring required documents could delay process. Incomplete applications will not be considered.**
- **If the amount we approve is not enough to cover the amount needed, arrangements must be made to secure the balance, before our funds are obligated.**



# Miles Chapel Baptist Church

3911 Dickey Mill Road  
Mebane, NC 27302  
(336) 578-1450

## Benevolence Fund Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

If renting, landlord's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### Household /Income Data

Identification: Please provide a copy of your driver's license or identification card.

Total Employment Income (net) \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
(Proof of income required)

Other Income (Alimony, Child Support, etc.): \_\_\_\_\_

Public Assistance (Food Stamps, Work-First, etc.): \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/Widower \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

Names and ages of persons in the household: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Needs:**

Food\_\_\_ Shelter\_\_\_ Rent\_\_\_ Mortgage\_\_\_ Utilities \_\_\_ Medical Emergencies\_\_\_

Other (Explain) \_\_\_\_\_

Amount Needed: \_\_\_\_\_ Deadline: \_\_\_\_\_

Are you a member of Miles Chapel Baptist Church? \_\_\_\_\_ Non-Member \_\_\_\_\_

Are you a member of another church? \_\_\_\_\_ If yes, name of church: \_\_\_\_\_

Have you been helped previously by this church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when, and what did you receive? \_\_\_\_\_

Have you applied elsewhere for this need and were you assisted? (explain) \_\_\_\_\_

Monthly average cost: Mortgage/rent\$ \_\_\_\_\_ Auto\$ \_\_\_\_\_ Electric\$ \_\_\_\_\_

Water\$ \_\_\_\_\_ Phone\$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Gas/Oil \$ \_\_\_\_\_

Other (Explain) \_\_\_\_\_

If you are requesting a bill payment, please provide the following information:

Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

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

Account # \_\_\_\_\_ Total Amt. Due \$ \_\_\_\_\_ Amt. required \$ \_\_\_\_\_

**\*\*\*Invoice of statement from vendor owed**

**Release of Information**

*I hereby authorize the release of information to Miles Chapel Baptist Church to be used in consideration of my request. I certify that the information stated is true and correct and that all income has been reported. I give Miles Chapel permission to verify my application information and discuss my case with other agencies, churches, employers and any others deemed necessary in order to substantiate my application information. I understand that all information will remain as private as possible within these entities, and deliberate misrepresentation of information may subject me to denial of assistance.*

*I have read, understand, and agree to the policies above regarding the Release of Information.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Hold Harmless/Liability Clause**

*The CHURCH, its Pastor, Officers, Agents, Employees, and Members are hereby released, forever discharged, and held harmless from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while the applicant's request is being reviewed, approved, and/or denied. Furthermore, the requester hereby agrees to hold harmless and indemnify said CHURCH, its Pastor, Officers, Agents, Employees, and Members for any financial liability sustained by said acts of the aforementioned CHURCH parties.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>For Office Use Only</b>	
Date application received: _____	
Date application reviewed: _____	
Approved _____	Denied _____ Reason _____
Amount Approved _____	Approval Signature _____