Benevolence Assistance Questionnaire

FIRST COVENANT CHURCH
125 E H Street, PO Box 604
Iron Mountain, Michigan 49801

General information

Name _____ Driver's License #_____
Address_____
City, State, Zip_____Telephone_____
Alternate phone_____

List all other persons in household and their dates of birth:
Name   DOB

_____

_____

_____

_____

If married, how long? _____

List relatives in the immediate area:

Name	Address	Phone	Relation

Which relative is able or willing to help?   Financial   Living arrangements   Other

_____

_____

_____

Employer _____

Previous employer

Name	Address	Phone	Dates (from/to)

Financial Information:

Are you receiving financial help now? Yes ___ No ___ If so, from whom & how much? _____

Unemployment $_____
Welfare $_____
Salvation Army $_____
Food Stamps $_____
Individuals $_____
Others _____ $_____

Total financial assistance $_____

Do you attend a church? Yes ___ No ___ Are they offering assistance? Yes ___ No ___
Church name and phone _____

What are your living expenses per month?
Food $_____
Rent $_____
Utilities (Electric, Gas, water) $_____
Transportation $_____
Non-essential utilities (cable,internet) $_____
Cigarettes, Alcohol $_____
Other _____ $_____

Total monthly income $_____

What type of assistance are you seeking? _____

What amount of assistance do you need? _____

To whom would payment be made? (name/address/phone number)
_____
_____

Have you applied for help from other organizations and been turned down? Who and Why?
_____
_____

Request for & Authorization to Release Records
I give permission to contact or receive information from Salvation Army, St. Vincent/DePaul, Caring House, local/area churches and law enforcement departments.

I certify that this has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I may request to receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Without my express revocation, the authorization will automatically expire (1) upon satisfaction of the need for disclosure or (2) 1 year from the date of my signature.

DATE: ____ ____ _____   _____
                Mo   Day Year   Signature