**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