

VICTORY CHURCH
BENEVOLENCE APPLICATION – PAGE ONE

(TO BE FILLED OUT BY APPLICANT)

***Please Note – This is an application process that may take up to 5 to 7 days. Applying for assistance does not guarantee funds will be made available to you. Must be a member or a regular attendee to apply.**

Date: _____

Applicant Information: Last Name: _____ First Name: _____

Address: _____ Apartment Complex: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Employer: _____ How Long: _____ Work Phone: _____

Cell Phone: _____ Home Phone: _____

Spouse Information: Last Name: _____ First Name: _____

Date of Birth: _____ Cell/Home Phone: _____

Employer: _____ How Long: _____ Work Phone: _____

Family Information: (List all Children under 18 living with you)

	First Name	Last Name	Date of Birth	Live at Home
Child 1				
Child 2				
Child 3				
Child 4				

Church Information: Name and location of your home church? _____

Sr. Pastors Name: _____ How long have you attended? _____

Attendance - How often do you attend? Weekly: _____ Monthly: _____ Occasionally: _____

Giving – How often do you tithe? Always _____ Sometimes _____ Never _____

Group Leader: _____ Name of Group: _____

Salvation Date: _____ Baptism Date: _____ Date Baptized in the Holy Spirit: _____

Areas of Church Involvement? How Long? _____

Referral Information: Who referred you here? _____ Phone # _____

Have you applied or received assistance from Victory before? Date and reason: _____

Which other Social Services or Churches have you contacted? _____

Have often do you go to a Casino, Bingo Hall, or buy Lotto tickets? _____

What is your plan to prevent this situation from occurring again? _____

Monthly Income: Income _____ AFDC _____ Food Stamps _____ Child Support _____

Unemployment _____ Alimony _____ SSI _____ Other _____ **TOTAL INCOME:** _____

Monthly Expenses: Tithe _____ Housing _____ Car _____ Food _____ Phone _____ Water _____

Electric _____ Nat Gas _____ Med _____ Credit _____ Other _____ **TOTAL EXPENSES:** _____

What is your present need or situation? Please explain: _____

_____ **Total Amount Requesting:** _____

(Revised – September 2018)