Date:____/____/____

Fusion Church

Benevolence Request Form

Please complete both sides of this form. Applications are evaluated in the order they are submitted once received. All information provided is used solely to determine how we can best assist you.

- Requests are reviewed thoughtfully on a case-by-case basis; please allow sufficient time for our team to process your application.
- To ensure a timely review, please ensure **all sections of this form are fully completed**.
- Please **print all information** legibly to assist in the accuracy of our review.

FAMILY INFORMATION

Applicant Name:
_____

Spouse Name:
_____

Physical Address:
_____

City / State / Zip:
_____

Primary Phone: **Cell Phone:**
_____

Email Address:
_____

HOUSEHOLD MEMBERS

Full Name	Relationship	Date of Birth

EMPLOYMENT & CHURCH AFFILIATION

Employer Name & address: _____
Supervisor Name & Phone: _____
Length of Employment: _____
If unemployed, how long?_____**Reason for unemployment**_____
_____

Relationship to Fusion Church: ( ) Member ( ) Regular Attender ( ) No Current Relationship
Have you previously received help from Fusion Church? ( ) Yes ( ) No
Have you received assistance from any organization or family in the past 6 months? ( ) Yes ( ) No

ASSISTANCE REQUESTED

Specific type and amount of assistance requested:_____
Reason for Current Need: _____
_____
_____

HOUSEHOLD FINANCIAL OVERVIEW

Please list all monthly income and expenses. **Copies of bills for which assistance is being requested must be provided**

MONTHLY INCOME & ASSETS	Amount	MONTHLY EXPENSES	Amount Due	Due Date
Primary Monthly Wages (Net)	$	Rent or Mortgage	$	
Spouse Monthly Wages (Net)	$	Electric	$	
Other Household Income	$	Gas	$	
Social Security	$	Water	$	
Disability Benefits	$	Phone	$	
Retirement Benefits	$	Internet	$	
Food Stamps	$	Streaming & Subscriptions	$	
Unemployment Benefits	$	Car Payment	$	
Child Support	$	Car Insurance	$	
Spousal Support	$	Fuel	$	
Family Support	$	Groceries	$	
Other Income	$	Clothing/Laundry	$	
Total Monthly Income	**$**	Childcare	$	
		Health Insurance (Medical Expenses & Prescriptions)	$	
Checking Account Balance	$	Child Support	$	
Savings Account Balance	$	Credit Cards	$	
Investment Account Balance	$	Cigarettes/alcohol/gambling	$	
Retirement Account Balance	$	Loans (explain)	$	
Available Cash Today	$	Other (explain)	$	
Total Available Income	**$**	**Total Monthly Expenses**	**$**	

FOR OFFICE USE ONLY

Status / Approval	Information
Approved Amount $	Paid to:
Approved By	Date:
Previous Assistance ( ) Yes ( )No	