



Benevolence Procedures and Guidelines

The Benevolence Fund is established to provide aid to members who are experiencing unexpected financial hardship. Assistance provided is a **GIFT** and should not in any way be presented or construed as a **LOAN** by any representative of God's Will Christian Church or the Recipient.

Benevolence Committee Members are appointed by the Pastor and will remain anonymous.

Requirements for Assistance

Benevolence Funds must be available

Membership Tenure must be at least three (3) months.

No cash will be given to applicant

Check(s) will be made out to appropriate vendor

Applicant must be a tither or regular giver.

Must not have been granted assistance in the past 12 months with the exception of a donation for the loss of a loved one.

If husband and wife are members, request must be submitted by husband.

Lifestyle must be consistent with the teachings from the Word of God.

Procedure – All requests for assistance with the exception of Food will be processed within a 72 hour period.

- a. Applicant must complete Benevolence Form and submit to the Leading Lady.
- b. The Leading Lady will submit request to a member of the Benevolence Committee
- c. At least one Benevolence Committee Member will meet with applicant to discuss the following:
 1. Discuss request and guidelines for approval
 2. Secure additional information if needed
 3. Recommend ministerial sessions with Pastor if necessary.
- d. Verify need and determine accuracy of information provided by applicant.
- e. Hold Benevolence Committee meeting to review request
- f. Inform applicant of decision. If request is approved, request shall be submitted to Board Treasurer to secure funds. If request is denied, a brief explanation detailing reason for denial will be given to applicant.

Benevolence Procedures and Guidelines

Page 2

Food Request – This request should be handled **ASAP**. A **gift certificate** will be purchased from the nearest grocery store to the applicant not to exceed the amount of **\$100**, based on the following:

- a. One family member, \$____; two family members, \$____; three or more family members \$_____.
- b. Food Assistance Requests are limited to ____ per year.
- c. Amount of available funds

Utilities Request:

- a. Electric Bill not to exceed \$_____
- b. Gas Bill not to exceed \$_____
- c. Water Bill not to exceed \$_____

Mortgage, Rent or Residential Lease Payment Request:

- a. Amount given is based on need and funds availability
- b. If request is granted, check will be made payable to mortgage, landlord or lessor
- c. Benevolence payment will not exceed \$_____
- d. The mortgage, rent or lease must be in the name of the applicant.

Medical Expenses:

- a. Amount given is based on need and funds availability
- b. If request is granted, check will be made payable to doctor or healthcare facility
- c. Benevolence payment will not exceed \$_____
- d. Bill must be in the name of applicant or dependent spouse or child.

No Assistance is provided for the following:

- a. telephone bills
- b. car notes
- c. personal or consumer loans
- d. credit cards
- e. non-sufficient checks
- f. vacations
- g. school tuitions or daycare
- h. weddings
- i. divorces

Persons seeking benevolence assistance will be offered ministerial sessions to be conducted by the Pastor or an authorized appointee of the Pastor.



Benevolence Request Form

Please complete the following form. Submit any documentation in support of your request.

Please Print

Date _____

Member [] Non-Member []

Applicant's Name _____

Spouse _____

Address _____

Daytime Telephone _____ Evening Telephone _____

Is this your first request for assistance? Yes [] No [], If this is not your first request, please list reasons for previous requests and amount if any given _____

Purpose of Request _____

Occupation _____ Spouse's Occupation _____

Total Household Income _____ Weekly/Bi-Weekly/Bi-Monthly/Monthly
(Please circle one)

Tither? Yes [] No [] Regular Giver? Yes [] No []

Names and Ages of Dependent Children for whom you provide support.

Please give a brief explanation of your current financial challenge and what factors may have contributed to your present situation.

Applicant's Signature _____

Benevolence Request Form

Page 2

This Section To Be Completed By Benevolence Committee

Date of Verification _____ Verified By _____

Has Applicant requested assistance before? Yes [] No [] If Yes, when _____

If yes, what was the request and was it granted? _____

Committee recommendation: Approved [] Denied []

If denied, reason for denial _____

Applicant informed of decision (date) _____ (by) _____

Check # _____ Payee _____ Check Amount \$ _____

Check # _____ Payee _____ Check Amount \$ _____

Check # _____ Payee _____ Check Amount \$ _____

Check # _____ Payee _____ Check Amount \$ _____

Check # _____ Payee _____ Check Amount \$ _____