



HDC care
BENEVOLENCE

*By wisdom a house is built, and through
understanding it is established; through knowledge
its rooms are filled with rare and beautiful treasures.*

Proverbs 24:3-4

HIGH DESERT CHURCH CARES FOR YOU!

BENEVOLENCE GUIDELINES AND PROCESS

The benevolence fund exists to provide practical assistance to HDC members and regular attenders who find themselves in a position of temporary financial hardship. God's people have lovingly donated money to this fund, and we view it as God's money, not ours. Therefore, it is not to be given away unwisely, but with loving discernment.

Here are some important guidelines that are important for you to understand. They are intended to be a responsible way for us to discern needs and use God's money wisely.

We may help you, and this is how we will do it.

- We will encourage you to reach your world for Christ. That is why we exist. If assisting you financially will help accomplish that purpose, then we will do what we can to assist you.
- We will treat you with dignity and respect. Therefore, abusive or aggressive language or actions will not be tolerated.
- We will not give cash or give checks made out to you.
- We do not say "yes" without prayerful evaluation that also includes asking you to fill out a request form and giving us permission to verify the information you have stated. This process takes at least 24 hours, and in some cases up to a week.
- Our intention is to give a hand up not a handout, to help with a discernable need, not wants or desires. That means we don't pay bills we deem unnecessary.
- We will ask for you to take primary responsibility for your needs, and then turn to your family, BEFORE we involve church funds.
- Because of limited financial funds and the great need in our community, we cannot help meet ongoing needs.
- Photo ID will be required to process your request.

Things we do not help with, by policy:

- Transportation needs (gas, repairs, fares, etc.)
- Temporary housing (hotels/motels, extended stay, etc.)
- Legal costs

We don't want to see you continue in a bad financial situation, so we will want to know:

- Other agencies and help programs from which you have sought help, if any.
- Your job and family situation.
- Why you chose to seek help from us.
- How you met this need last month and how do you plan to meet it next month.

BENEVOLENCE GUIDELINES AND PROCESS

If you wish to continue with this process please:

1. Sign below to indicate you accept the principles stated above.
2. Fill out the Benevolence Application Form.
3. Sign the Release of Information Form.

We will begin seeking ways to help you meet your needs.

This is not a contract for assistance. I understand the terms stated above under which I may seek assistance from High Desert Church.

Signature of Candidate for Assistance

Signature of Spouse (if applicable)

Date: _____

BENEVOLENCE GUIDELINES AND PROCESS

PERSONAL INFORMATION

Last Name: _____ (First): _____ (Maiden): _____

Address: _____ Apt. # _____ DL# _____

City: _____ State: _____ Zip: _____

Phone: (Daytime): _____ (Work): _____ (Evening): _____

Circle One: Male Female Date of Birth: ____ / ____ / ____ Age: ____

Marital Status: Single Engaged Married Separated Divorced Widowed

INFORMATION ON SPOUSE

Last Name: _____ (First): _____ (Maiden): _____

Address: _____ Apt. # _____ DL# _____

City: _____ State: _____ Zip: _____

Phone: (Daytime): _____ (Work): _____ (Evening): _____

Sex: Male Female Date of Birth: ____ / ____ / ____ Age: ____

PLEASE LIST YOUR SPECIFIC REQUESTS

Amount requested	Purpose	Date Needed

What events lead to your need for assistance? _____

Have you received assistance from High Desert Church in the past? Yes No

When and for what did you receive the assistance? _____

BENEVOLENCE GUIDELINES AND PROCESS

LIST ALL OTHER INDIVIDUALS SHARING YOUR HOUSEHOLD

Name	Age	Date of Birth	Relationship	Monthly Income

APPLICANT EMPLOYMENT HISTORY

Present/Most Recent Employer: _____

Supervisor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: ____ / ____ to ____ / ____

Position and Job Description: _____

Reason for Leaving: _____

If you are unemployed, are you currently seeking employment? Yes No

How long have you been unemployed: ____ Year(s) ____ Month(s)

What steps are you taking to seek active employment? _____

BENEVOLENCE GUIDELINES AND PROCESS

SPOUSE'S EMPLOYMENT HISTORY

Present/Most Recent Employer: _____

Supervisor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: ____ / ____ to ____ / ____

Position and Job Description: _____

Reason for Leaving: _____

HOUSING

Own/Purchasing Renting

How long have you been at your present address? ____ Year(s) ____ Month(s)

Landlord/Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

Landlord's Name: _____ Phone number: _____

How long were you there and why did you move? ____ Year(s) ____ Month(s)

Do you have access to a car? Yes No

BENEVOLENCE GUIDELINES AND PROCESS

MONTHLY INCOME

Job #1 (take home pay) \$ _____
 Job # 2 \$ _____
 Spouse's Job #1 \$ _____
 Spouse's Job #2 \$ _____
 Government Assistance \$ _____
 Child Support \$ _____
 Retirement \$ _____
 Social Security \$ _____
 SSI/Disability \$ _____
 Food Stamps \$ _____
 Other \$ _____
 \$ _____
 \$ _____
 \$ _____
 Total Monthly Income \$ _____

 School Loans \$ _____
 Bank Loans \$ _____
 Other \$ _____
 Finance Co. Loans \$ _____

 Total Monthly Expenses \$ _____

MONTHLY EXPENSES

Tithes/Contributions \$ _____
 Rent \$ _____
 Mortgage \$ _____
 Car Payment(s) \$ _____
 Auto Insurance \$ _____
 Auto (gas & oil) \$ _____
 Electric/Gas \$ _____
 Water \$ _____
 Food \$ _____
 Phone \$ _____
 Cable TV \$ _____
 Day Care \$ _____
 Child Support \$ _____
 Furniture/Appliances \$ _____
 Credit Cards \$ _____

BENEVOLENCE GUIDELINES AND PROCESS

ADDITIONAL INFORMATION

Have you seen a financial counselor within the last six months? Yes No

If so, with whom? _____

Have you contacted anyone else for assistance within the last six months? Please specify:

Family Friend Churches Agencies

What steps are you taking to improve your present situation? _____

How would you describe your current relationship with Jesus Christ? _____

Do you have physical or emotional issues that hinder you from meeting your financial needs?

Yes No

Explain: _____

Are you willing to participate in a self-help program? Yes No

References, names and phone numbers (other than relatives) we may contact who know about your needs:

Name	Relationship	Phone Numbers	Years Acquainted

I authorize High Desert Church to verify all information provided.

Signature: _____

Printed Name: _____

Date: _____