



# MOSAIC Fellowship Benevolence Request Form

## ***Benevolence Request Guidelines***

The purpose of the Benevolence Fund is to provide financial aid to any regular Mosaic attendee who is in need on an urgent basis. The Benevolence Fund may not be applicable for cases which need long-term financial support. The church has the right to adjust or to deny an applicant's request & may consider providing assistance other than monetary help.

Applicants are not granted financial assistance based on relationships between church leaders or being a significant church contributor. The church does not discriminate between applicants based upon race, color, sex, national origin, age, geographic territory, or disability.

The church may provide short-term (or emergency) assistance to ensure that an applicant has the basic necessities such as food, housing, transportation, & medical assistance (including counseling).

The preferred method of providing assistance is to pay for the applicant's need directly to the business provider (vendor). Assistance may also be provided in the form of goods or services. The type of aid that is appropriate depends on the individual's needs & available resources.

When a church assists church members or other individuals, the IRS requires the church to keep certain documentation & records on individuals the church has helped. This form should be filled out for each request for assistance. This information contained in this form is confidential, & will be used only for the purpose of providing assistance to applicant.

## **Benevolence Process**

1. Complete & submit the Benevolence Request Form.
2. A Pastor or Staff member will contact applicant regarding the request.
3. The Benevolence Team will approve or deny the request, or request additional information. If approved, the check will be distributed, or bill paid by Church staff.

## **Basic Requirements**

1. Active participant of Mosaic Fellowship
2. Need must be related to a short-term financial crisis

## **Exclusions**

1. Legal fees related to family disputes
2. Long-term and repetitive expenses.

## **Additional Criteria**

At the discretion of the Church, you may be requested (if married, both husband & wife) to do one or more of the following:

1. Provide documentation regarding your income, assets & expenses.
2. Participation in financial counseling, including basic budgeting exercises.
3. Take a class on biblical financial management or complete a workbook on biblical stewardship.

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In your opinion, which description best describes your financial situation:

Short term emergency  Short term problem  Long term problem

Brief description of your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_ Are you willing to receive financial counseling?  Yes  No

Are you currently employed?  Yes  No  Full time  Part time

If married, is your spouse employed?  Yes  No  Full time  Part time

Total # of people in household: \_\_\_\_\_ Total monthly household income: \$ \_\_\_\_\_

Total monthly household expenses: \$ \_\_\_\_\_

*For Expedited Phone Payment Option, include your account number with company.*

**1. Vendor:** \_\_\_\_\_ Customer Service/Bill Pay #: \_\_\_\_\_

Applicant's account #: \_\_\_\_\_

Minimum Amount Due and Notes:

\_\_\_\_\_  
\_\_\_\_\_

**2. Vendor:** \_\_\_\_\_ Customer Service/Bill Pay #: \_\_\_\_\_

Applicant's account #: \_\_\_\_\_

Minimum Amount Due and Notes:

\_\_\_\_\_  
\_\_\_\_\_

**3. Vendor:** \_\_\_\_\_ Customer Service/Bill Pay #: \_\_\_\_\_

Applicant's account #: \_\_\_\_\_

Minimum Amount Due and Notes:

\_\_\_\_\_  
\_\_\_\_\_

I have read & understood this entire form & application:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_