



Benevolence Request Guidelines

WHAT IS BENEVOLENCE FOR, AND WHO CAN APPLY?

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 any criteria, including 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 basic necessities such as food, housing, transportation, & medical assistance (including counseling).

HOW WILL ASSISTANCE BE PROVIDED?

This assistance may be in the form of goods or services, or monetary assistance from our Benevolence Revolving Fund. Only as people give to this fund, are we able to offer assistance from this fund.

The type of aid that is appropriate depends on the individual's needs & available resources.

Mosaic Ministries' policy for providing assistance is:

1. There will be no cash given for assistance requests.
2. Payments for the applicant's need will be made directly to the business provider (vendor), in the form of a check or credit card payment.

WHY DO I HAVE TO FILL OUT A FORM?

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 Request 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.

SIMPLE BUDGET

Name: _____

Your Income

1 Take-home pay (Wages and tips): _____ \$ _____

Additional income:

On each line, enter & describe any other income from side business, interest, food stamps, other cash & non-cash assistance, alimony, disability income, children's disability income, child support, etc.

2 Additional income: _____ \$ _____

3 Additional income: _____ \$ _____

4 Additional income: _____ \$ _____

5 Additional income: _____ \$ _____

6 Additional income: _____ \$ _____

Total income \$ _____

Your Expenses

1 Tithes _____ \$ _____

2 Housing (rent or mortgage, plus taxes & insurance) _____ \$ _____

3 Transportation

a. Car Payments _____ \$ _____

b. Auto Insurance _____ \$ _____

c. Gas _____ \$ _____

d. Maintenance & other _____ \$ _____

e. Bus Fares _____ \$ _____

8 Utilities (Heat, electricity, etc.) _____ \$ _____

9 Subscriptions (Cable, internet, cell phone, gym, etc.) _____ \$ _____

10 Groceries _____ \$ _____

11 Medical, Dental (Co-pays, prescriptions, etc.) _____ \$ _____

12 Pet Care Expenses (food, licensing, veterinary care, etc.) _____ \$ _____

13 Dining, travel, and entertainment _____ \$ _____

14 Other discretionary spending (Hobbies, personal care, etc.) _____ \$ _____

15 Debt payments (Credit cards, student loans, etc.) _____ \$ _____

16 Savings _____ \$ _____

17 Other _____ \$ _____

Total expenses \$ _____

3. Your Bottom Line

Enter Total Income Here \$ _____

Enter Total Expenses Here \$ - _____

Income minus expenses = Your Bottom Line \$ _____

BENEVOLENCE REQUEST APPLICATION

Applicant First & Last Name: _____
 (& Spouse, if married)

Street _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Which of the following best describes your financial situation:
 Short term emergency Short term problem Long term problem

Briefly describe your need and circumstances:

Are you willing to receive financial counseling? Yes No

Are you currently employed? Yes No Full time Part time

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

Total # of people in household: _____

Total Monthly Household: Income \$ _____ Expenses \$ _____
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Assistance Request Details *For Expedited Phone Payment, include your account # for each Vendor.*

1. Vendor: _____ Minimum Amount Due \$ _____

Customer Service/Bill Pay Phone: _____ BRF?

Website _____ Applicant's account #: _____

Notes: _____

2. Vendor: _____ Minimum Amount Due \$ _____

Customer Service/Bill Pay Phone: _____ BRF?

Website _____ Applicant's account #: _____

Notes: _____

3. Other: _____ Minimum Amount Due \$ _____

Customer Service/Bill Pay Phone: _____ BRF?

Website _____ Applicant's account #: _____

Notes: _____

Benevolence Revolving Fund Terms <i>(If applicable)</i>	Total Assistance Requested \$ _____
<i>I agree to repay this assistance according to the following terms:</i> Total BRF Amount \$ _____	
At _____% APR interest, with an initial payment of \$ _____ Due by: _____; & the remaining balance of \$ _____ paid off in _____ <small>(monthly, weekly, etc.)</small> payments of \$ <small>(Payment Amount)</small> Per payment.	

I have read & understood this entire application, and I agree to the terms set forth here, including the terms of the BRF assistance, (if applicable):

Signature	Date	Spouse Signature	Date
		MOSAIC Staff Signature	Date

- STAFF: Provide copies of pgs 1-3 to Applicant after completion of form
 - File copies of all receipts & substantiating documents (bills, leases, etc.) in Benevolence Binder along with completed application.
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