

Pilgrim Rest Benevolence Application

Please note that applicants must complete their applications no later than Tuesday at 4:30 PM, and acknowledge that they do so without any guarantee or implied guarantee that Pilgrim Rest will grant the desired request. Please complete the application in its entirety. Failure to complete the application will result in the rejection of the request. **Please note that the maximum benevolence gift is \$500.00.** In addition, **we will not issue a check in the name of any individual under any circumstances.**

I have read and understand the aforementioned statement. Please initial here. _____

PERSONAL INFORMATION

Name: _____ PRBC Member? Yes No Date: ___/___/0__

Address: _____ City: _____ Zip Code: _____

Phone Number(s) Home: (____) _____ Work: (____) _____ Cell: (____) _____

Employment Status: Employed Terminated Laid-off Resigned Disabled

If employed, company name: _____ Phone : (____) _____

Address: _____ Zip Code: _____ Manager's Name: _____

Marital Status: Married Single Divorced Separated Widowed Living-together

If married, spouse's name: _____ # of children at home: ___ Ages: ___/___/___/___

Spouse's Employer: _____ Phone : (____) _____

Address: _____ Zip Code: _____ Manager's Name: _____

MEMBERSHIP INFORMATION

When did you unite with Pilgrim Rest? ___/___/___ Is your spouse a member? Yes No

Please list any ministries in which you currently serve. _____

How long and in what capacity are you serving? How long: _____

Capacity: _____

FINANCIAL INFORMATION

Who is working in your home and what is their monthly income?

Name: _____ Relationship: _____ Income: \$ _____

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Do you receive: Child Support TANF Food Stamps Unemployment SS or Disability

If so, please give the amounts and /or cash values. \$ _____ \$ _____

Have you received previous assistance from PR? Yes No If yes, when? 6 months 12 months

AMOUNT REQUESTED

What is the total amount of assistance needed? \$ _____ Please briefly explain why.

Please list the entity to which we might issue a check. Please include the amount and a copy of the billing statement to substantiate the amount you are requesting. *(Please note that we assist with rent and utilities only.)*

<u>Name of Creditor(s)</u>	<u>Amount</u>	<u>Due Date</u>
_____	_____	___/___/0__
_____	_____	___/___/0__

I understand that the Pilgrim Rest provides financial assistance to individuals who are in crisis situations. I certify that the statements on this application are accurate and understand that any incorrect statements will result in the automatic denial of my request.

Applicant Signature: _____ Date: ___/___/0__

Please do not write below this line.

Date Received: ___/___/0__ Date Reviewed: ___/___/0__ Approved Denied

Check payable to: _____ \$ _____ # _____ Date: ___/___/0__

Check payable to: _____ \$ _____ # _____ Date: ___/___/0__

Reason(s) for denial or special considerations.

1. _____
2. _____