

Pilgrim Rest Benevolence Application

Please note that applicants must complete their applications no later than Tuesday at 4:00 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 read and understand the aforementioned statement. Please initial here. _____

PERSONAL INFORMATION

Name: _____ Date: ____/____/20____

Date of Birth: ____/____/____ Social Security #: _____-____-____

Address: _____ City: _____ Zip Code: _____

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

ID Type: _____ # _____ Email Address: _____

FINANCIAL INFORMATION

Employment Status: Employed ☐ Terminated ☐ Laid-off ☐ Resigned ☐ Disabled ☐

If unemployed, how long: Since ____/____/20____ Reason: _____

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

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

Income: \$ _____ Weekly/Bi-Weekly/Monthly/Bi-Monthly/Quarterly/Yearly

If married, spouse's name: _____ Spouse's Employer: _____

Phone : (____) _____ Address: _____ Zip Code: _____

Manager's Name: _____ # of children at home: _____ Ages: ____/____/____/____

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

Name: _____ Relationship: _____ Income: \$ _____

AMOUNT REQUESTED

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

What is the total amount of assistance needed? \$ _____

Please briefly explain why you need assistance: _____

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.)

Name of Creditor: _____ Amount: \$ _____

Creditor's Phone Number () _____ - _____ Date Due: ____/____/____

Name of Creditor: _____ Amount: \$ _____

Creditor's Phone Number () _____ - _____ Date Due: ____/____/____

MEMBERSHIP INFORMATION

PRBC Member? Yes ☐ No ☐

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: _____ In What Capacity: _____

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: ____/____/20____

Please do not write below this line, for agency purposes only.

TYPE OF ASSISTANCE

Rental ☐ Utility ☐ Other ☐ _____

Bus Pass ☐ Date ____/____/____ Bus Pass # _____

Special Instructions:

Copies forwarded to Family Services: ☐ Yes ☐ No

Completed by Staff Initials: _____

How received: Fax ☐

☐ In Person

☐ Mail

GENDER

- ☐ Male
- ☐ Female

RACE

- ☐ African American
- ☐ Asian
- ☐ Caucasian
- ☐ Middle Eastern
- ☐ Native American
- ☐ Pacific Islander
- ☐ Other

ETHNICITY

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

EDUCATION

- ☐ Associates Degree
- ☐ Post-Graduate (PhD/Master) Degree
- ☐ Undergraduate Degree
- ☐ Some College/Trade School
- ☐ High School Diploma
- ☐ GED
- ☐ Less than High School Completion

EMPLOYMENT

- ☐ Full-time
- ☐ Part-time
- ☐ Unemployed
- ☐ Self-employed
- ☐ Disabled/SSI
- ☐ Retired

MARITAL STATUS

- ☐ Divorced
- ☐ Married
- ☐ Single
- ☐ Widowed
- ☐ Separated
- ☐ Living together

CHILDREN

- ☐ 0 – 5 yrs. How many _____
- ☐ 6 -17 yrs. How many _____

MEMBERSHIP

- ☐ PRBC
 - ☐ Active in Ministry YES
 - ☐ Active in Ministry NO
- ☐ FIBC
- ☐ Tanner
- ☐ Other _____

GOVERNMENT BENEFITS

- ☐ Receives Food Stamps
- ☐ Receives Medicaid
- ☐ Receives Medicare
- ☐ Receives Social Security
- ☐ Receives Veterans Benefits
- ☐ Receives TANF

REFERRAL SOURCE

- ☐ PRBC
- ☐ City of Phoenix
- ☐ FOZ Collaborative
 - ☐ FIBCO
 - ☐ TCDC
- ☐ Salvation Army
- ☐ St. Vincent de Paul
- ☐ Other _____

HOUSING TYPE

- ☐ Rent
- ☐ Own
- ☐ Homeless
- ☐ Other

FAMILY TYPE

- ☐ Single Parent
- ☐ Two Adults (no children)
- ☐ Grandparent(s)/Kinship
- ☐ Foster/Adoptive Parent
- ☐ Single Adult (no children)
- ☐ Other

VETERAN

- ☐ Yes
- ☐ No