

Symphony Church Benevolence Fund Application Form

Please complete this form to the best of your ability and submit it via email to benevolence@symphonychurch.com.

In the email, please also attach a picture or electronic copy of relevant receipts or bills if applicable (see Section D).

A. Personal Information

First name: _____ MI: _____ Last name: _____

Street address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____

Male Female Date of Birth: ___ / ___ / ___

Email: _____

Marital Status: Married Single Engaged Divorced Widowed

B. Church Community

Are you a member or regular attendee of Symphony Church? yes no

Please provide the contact info of Symphony Church member or regular attendee who we can contact as a reference:

Name: _____ Email: _____ Phone #: _____

C. Household Information

List all individuals in your household, i.e. spouse, kids (not roommates):

Full Name	Age	Relationship	Employer	Monthly Income (\$)

D. Financial requests

Please list your specific financial requests:

Amount	Description of Need	By Date

If you are seeking assistance for a cost that you have paid for, please attach a receipt. Otherwise, please attach an invoice / bill.

Briefly, what events led to your needing assistance?

E. Additional Information

Have you contacted anyone else for assistance in the last six months? yes no

If so, please specify:

family friends private / non-profit agencies public agencies

Are any of the above assisting with your needs? yes no Amount: \$ _____

Do you use a budget? yes no

F. Employment History

Present / most recent employer: _____

Employment Date: from _____ to _____

Position and Job Description:

Supervisor's Name: _____ Phone / Email: _____

Employer's Address:

Have you filed for unemployment? yes no

G. Release of Information

I hereby authorize the release of information to Symphony Church to receive the assistance I am requesting. I further certify the information I have stated is accurate and true and that all income is reported. I understand Symphony Church may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance.

I give permission for Symphony Church to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any other deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies regarding the Release of Information

Signature: _____

Date: ___/___/___