



The River Church Community Benevolence Application

Section 1. Basic Information

Name: _____
First Middle Last

Address: _____ Apt #: _____

Daytime phone #: _____ Evening phone #: _____

Email: _____ Date of Birth: _____

Marital Status: S M D W Partner's Name: _____

of people in household: _____ Ages of children: _____ (girls) _____ (boys)

Section 2. Small Group Information

Are you part of a Small Group Community at The River? ☐ Yes ☐ No

If you are in a small group, have you made your need known to your small group?

☐ Yes ☐ No

If not, why not? _____

Section 3. Pastor Communication

Have you talked with a River Pastor or River staff member about your financial need?

☐ Yes ☐ No

If not, why not? _____

If so, who did you speak with? _____

Section 4. Request Information

How much financial assistance do you need? \$ _____

For what will the money be used?

☐ Deposit/rent ☐ Food/Clothing ☐ Utility bills ☐ Other bills ☐ Other

** Please include documentation of this need. Acceptable documentation includes a lease agreement, copy of the bill or invoice, copy of a paycheck stub, etc.*

Why do you have this need? _____

Who can we contact regarding this request? (e.g. your landlord, billing agent, employer, etc.)

1) Name/Title: _____ 2) Name/Title: _____

Phone: _____ Phone: _____

If The River is able to support you, to whom should we make the check out?

Name/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Have you requested financial assistance from The River before? ☐ Yes ☐ No

If yes, how many times have you requested assistance before? _____ When? _____

If this is your first time making a request and your need is lower than \$500, please skip the next section and submit application now.

Office Use Only

Request Approved? ☐ Approved ☐ Denied

By: _____

Date: _____

Make Check Payable To: _____

Address: _____

If denied, reason for denial? _____

Section 5: Financial Information

Monthly Income	Amount	Monthly Expense	Amount	Comments
Salary (self)		Housing		
Salary (partner)		Medical		
Social Security		Food		
Veteran's Admin.		Utilities		
AFDC – Child Support		Phone		
SSI / Unemployment		Car/Transportation		
DSS State Disability		Charge Accounts		
Food Stamps		Insurance		
Other:		Other:		

Assets	Amount	Liabilities	Amount	Comments
Checking Account		Credit Card Debt		
Savings Account				
		Auto Loan		
Home Value				
		Home Loan		
Investments				
Retirement				

I verify that all of the information above is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____